

# WESTERN CAPE PROPHYLAXIS FOR PEOPLE LIVING WITH HIV

## COTRIMOXAZOLE PREVENTIVE THERAPY, CRYPTOCOCCAL SCREENING AND TREATMENT, TUBERCULOSIS PREVENTIVE THERAPY & PREVENTION OF PARADOXICAL TB-IRIS

Third edition August 2020

### COTRIMOXAZOLE PREVENTIVE THERAPY (CPT)

To provide protection against *Pneumocystis jirovecii* pneumonia (PJP), toxoplasmosis, malaria and other bacterial infections

#### CONTRAINDICATIONS TO CPT

Known or suspected **hypersensitivity** to sulphonamides/trimethoprim

#### WHEN TO GIVE CPT AND DURATION

Age and HIV status	When to start	When to stop
HIV-exposed infants who are HIV negative and breastfed	4 - 6 weeks after birth	Stop once HIV infection is excluded by testing 6 weeks after final breastfeed <b>AND</b> infant clinically HIV-negative
HIV-positive infant < 1 year of age	4 - 6 weeks after birth regardless of CD4% or clinical stage	Child > 1 year of age <b>AND</b> CD4 ≥ 25%
HIV-positive children 1 - 5 years of age	CD4 < 25% or WHO stage 2, 3 or 4	CD4 ≥ 25%
HIV-positive < 5 years of age with PJP infection	After completion of PJP treatment	Continue until 5 years of age <b>AND</b> CD4 ≥ 200
HIV-positive children ≥ 5 years of age, adolescents and adults	CD4 < 200 or WHO stage 2, 3 or 4	CD4 ≥ 200
HIV-positive adults and children with TB	Eligible for CPT	Once TB treatment completed and CD4 ≥ 25% (1 - 5 years old) or CD4 ≥ 200 (≥ 5 years old and adults) regardless of clinical stage

#### DOSE FOR CPT

##### Children and early adolescents:

Age or weight of child	Dose (SMX/TMP) <sup>#</sup> daily	Suspension (SMX/TMP 200/40 mg per 5 mL)	Single strength tablet (SMX/TMP 400/80 mg)	Double strength tablet (SMX/TMP 800/160 mg)
< 6 months or < 5 kg	100/20 mg	2.5 mL	¼ tablet	-
6 months - 5 years or ≥ 5 to < 15 kg	200/40 mg	5 mL	½ tablet	-
6 - 14 years or ≥ 15 kg to ≤ 30 kg	400/80 mg	10 mL	1 tablet	½ tablet
> 14 years or > 30 kg	800/160 mg	-	2 tablets	1 tablet

<sup>#</sup>SMX/TMP = Sulphamethoxazole/trimethoprim OR cotrimoxazole

##### Adults:

**Dose:** Cotrimoxazole 800/160 mg (2 single strength tablets or 1 double strength tablet) daily

##### Renal dysfunction dosing:

eGFR 10 – 50 mL/min: 400/80 mg daily (1 single strength tablet)

eGFR < 10 mL/min: 400/80 mg three times a week

#### ALTERNATIVE TO COTRIMOXAZOLE

**Dapsone** can be used in patients with mild reactions to cotrimoxazole. Do not use dapsone if reaction was severe

**Adults:** 100 mg daily

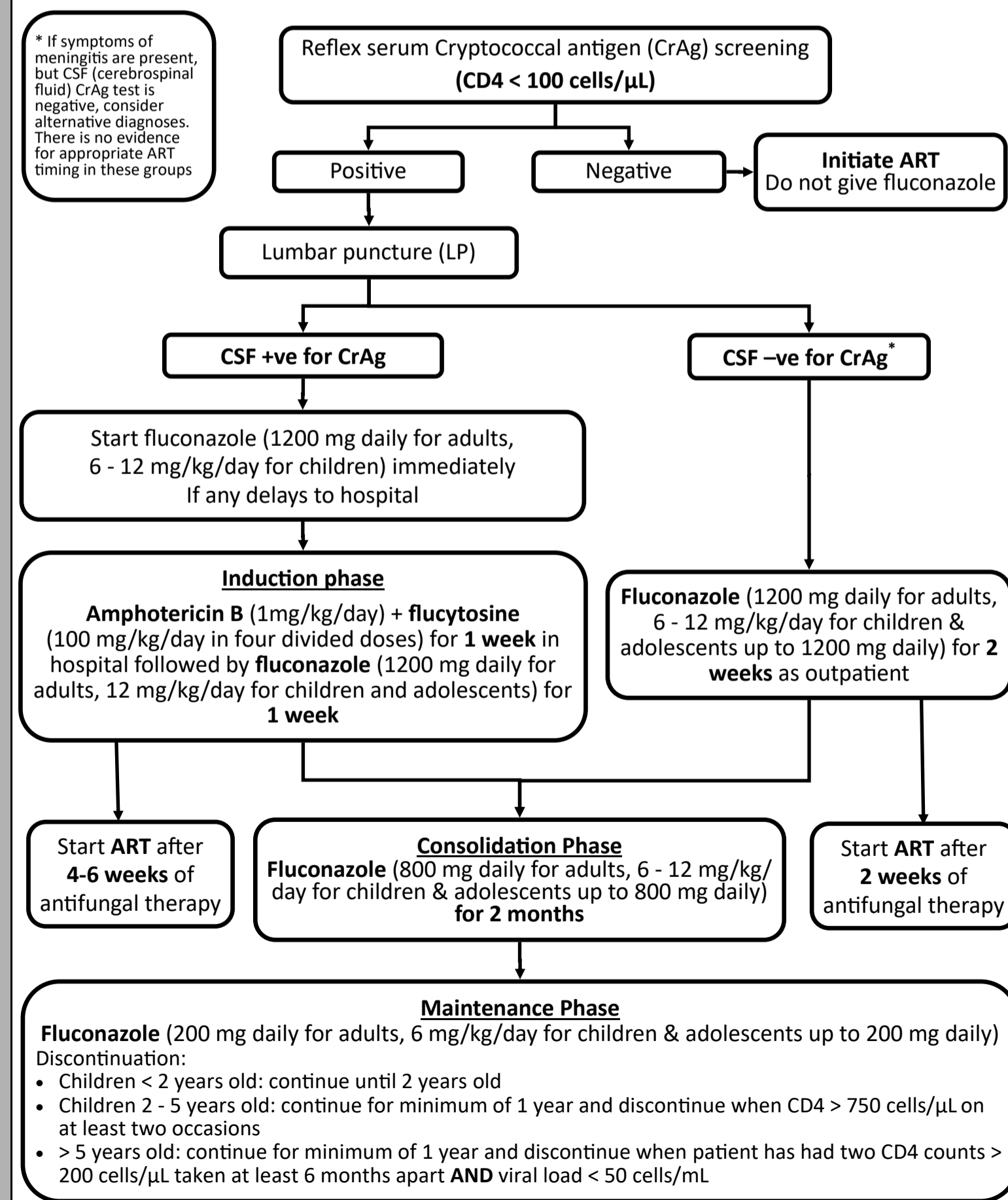
**Children:** 2 mg/kg/day (maximum 100 mg daily) or 4 mg/kg/week

### CRYPTOCOCCAL SCREENING AND TREATMENT

#### GENERAL

- Cryptococcal antigen test (CrAg) is routinely done by the laboratory as a reflex test in all patients with CD4 < 100 before initiation of ART
- Screening and primary prophylaxis are not recommended in children < 10 years of age, due to the low incidence of cryptococcal meningitis in this age group
- CrAg-positive pregnant patients should have a lumbar puncture done and be discussed with an expert before a decision is made regarding their management
- Fluconazole is teratogenic. Advise woman of childbearing potential to avoid pregnancy while on fluconazole prophylaxis and treatment
- Monitor ALT in patients on fluconazole who have clinical liver disease

#### TREATMENT OF CRYPTOCOCCAL DISEASE



### TUBERCULOSIS PREVENTIVE THERAPY (TPT)

for treatment of latent TB

#### CONTRAINDICATIONS TO TPT

- Active TB (suspected or confirmed)
- Known or suspected hypersensitivity to INH
- Chronic or acute liver disease
- History of excessive alcohol use > 28 units per week in men or > 21 units per week in women
- Severe peripheral neuropathy
- Patients who have completed MDR- or XDR-TB treatment

#### WHEN TO GIVE TPT AND DURATION

- Tuberculin skin test (TST) is not a requirement for TPT
- TPT should not be given to HIV-positive adolescents > 15 years of age or adults who have recently completed TB treatment

Category of client	Specific eligibility criteria	Treatment and duration <sup>‡</sup>
Adult or adolescent > 15 years (non-pregnant)	All PLHIV, irrespective of CD4 count who have never had TPT before	INH 300 mg daily for 12 months
Children who are contacts of index drug-sensitive TB cases <sup>††</sup>	Children < 5 years (regardless of HIV status), and children 5 - 14 years who are HIV-positive	INH 10 mg/kg/day for 6 months (max dose 300 mg daily)
Children who are contacts of index rifampicin-resistant TB cases (Discuss with expert)	Children < 5 years (regardless of HIV status), and children 5 - 14 years who are HIV-positive	Levofloxacin 15 - 20 mg/kg/day <b>AND</b> High dose INH 15 - 20 mg/kg/day (max 400 mg daily) <b>AND</b> Ethambutol 15 - 25 mg/kg/day Duration: 6 months
Pregnant women	Start TPT during pregnancy if CD4 count ≤ 350. If CD4 > 350, defer TPT until 6 weeks after delivery	INH 300 mg daily for 12 months

INH = isoniazid; PLHIV = people living with HIV; <sup>‡</sup>Give pyridoxine to all patients on INH. Dose: < 5 years - 12.5 mg daily, ≥ 5 years - 25 mg daily; <sup>††</sup>Children re-exposed to TB following completion of TPT must repeat the course of therapy

### PREVENTION OF PARADOXICAL TB-IRIS

IRIS = Immune Reconstitution Inflammatory Syndrome

#### WHO SHOULD GET PROPHYLACTIC PREDNISONE (PredART)?

- HIV-infected patients > 18 years, **AND**
- Diagnosed with TB within the last month, **AND**
- Symptoms improving on TB treatment, **AND**
- CD4 ≤ 100, **AND**
- **Not yet on ART**

Patients with Kaposi Sarcoma, rifampicin-resistant TB or poor clinical response to TB treatment should not get prophylactic prednisone

#### DOSAGE AND DURATION

Start prednisone on the same day as ART  
 • 40 mg daily orally for 2 weeks, followed by  
 • 20 mg daily orally for 2 weeks, then stop

## NEED HELP?

Contact the **TOLL-FREE**

National HIV & TB Health Care Worker Hotline

**0800 212 506 / 021 406 6782**

Alternatively send an SMS or WhatsApp or "Please Call Me" to **071 840 1572**

[www.mic.uct.ac.za](http://www.mic.uct.ac.za)