

WESTERN CAPE HIV TREATMENT GUIDELINES

COTRIMOXAZOLE PROPHYLAXIS, LATENT TB INFECTION TREATMENT & CRYPTOCOCCAL PROPHYLAXIS

Need help?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline
0800 212 506 / 021 - 406 6782
Alternatively send an SMS or "Please Call Me" to
071 840 1572
www.mic.uct.ac.za

COTRIMOXAZOLE PREVENTIVE THERAPY (CPT)

To provide protection against pneumocystis jiroveci pneumonia (PCP), toxoplasmosis, malaria and other bacterial infections

CONTRA-INDICATIONS TO CPT

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

WHEN TO GIVE CPT AND DURATION

CHILDREN & EARLY ADOLESCENTS

- HIV-exposed infants < 1 year** - start at 4-6 weeks. Discontinue CPT once HIV infection is excluded by testing 6 weeks after final breastfeed
- HIV-positive infants < 1 year** - start at 4-6 weeks, regardless of CD4 count
- HIV-positive children 1-5 years** with WHO stage 2, 3 or 4; CD4 < 25% or < 500. Discontinue CPT if CD4 > 500 on two consecutive occasions 3-6 months apart
- If **previous PCP** - stop at 5 years old
- HIV-positive children > 5 years** with WHO stage 3 or 4 or CD4 < 200. Discontinue CPT if CD4 > 200 on two consecutive occasions 3-6 months apart
- Co-infection with TB**

LATE ADOLESCENTS & ADULTS

- CD4 < 200, **OR**
- Co-infection with TB, **OR**
- Any WHO stage 3 or 4 condition
- CPT is safe in pregnancy and breastfeeding

DOSE FOR CPT

CHILDREN & EARLY ADOLESCENTS

| Age or Weight of Child | Dose (SMX/TMP)* | Suspension (200mg SMX / 40mg TMP 5ml) | Single strength tablet (400mg SMX / 80mg TMP) | Double strength tablet (800mg SMX / 160mg TMP) |
|--------------------------------|-----------------|---------------------------------------|---|--|
| <6 months or <5kg | 100mg/20mg | 2.5ml | ½ tablet | - |
| 6 months – 5 years or 5 – 15kg | 200mg/40mg | 5ml | ½ tablet | - |
| 6 – 14 years or 15 – 30kg | 400mg/80mg | 10ml | 1 tablet | ½ tablet |
| >14 years or >30kg | 800mg/160mg | - | 2 tablets | 1 tablet |

*SMX/TMP = Sulphamethoxazole/Trimethoprim OR cotrimoxazole

Dapsone can be used in patients with mild reactions to CPT. Recommended dose is 2 mg/kg/day or 4mg/kg/week. Do not use dapsone if reaction was severe

LATE ADOLESCENTS & ADULTS

Cotrimoxazole 160/800 mg daily
Renal dosing:
eGFR 10 – 50 ml/min:
80/400 mg daily
eGFR < 10 ml/min:
80/400 mg three times a week

Dapsone 100 mg daily for patients with mild hypersensitivity to CPT. Do not use dapsone if reaction was severe

ISONIAZID PREVENTIVE THERAPY (IPT)

for treatment of latent TB

CONTRA-INDICATIONS TO IPT

- 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 IPT

CHILDREN & EARLY ADOLESCENTS

- All **asymptomatic children < 5 years** or **HIV-infected children irrespective of age**, with a **direct pulmonary TB contact** (someone with TB who resides with the child), after active TB has been excluded in the child by X-ray and symptom screening (symptoms include: coughing, night sweats, unexplained weight loss, persistent fever of more than two weeks, poor weight gain, fatigue)
- HIV infected children 5 – 14 years** without history of close contact but **TST positive**

Consult with specialist if close contact has confirmed or suspected drug resistant TB, or has failed standard TB treatment, or has been in contact with a known drug resistant TB source case

Children who are re-exposed to TB should be retreated with a course of IPT

LATE ADOLESCENTS & ADULTS

- All **HIV-infected patients** with no contra-indication to IPT, except those who are TST negative pre-ART

IPT is safe in pregnancy and breastfeeding

HIV-infected adults and late adolescents can start IPT immediately after completing drug-sensitive TB treatment

DOSE AND DURATION FOR IPT

CHILDREN & EARLY ADOLESCENTS

Isoniazid (INH) 10 mg/kg/day for 6 months (max dose: 300 mg daily)

(Crush appropriate fraction of the 100 mg INH tablet and dissolve in water or multivitamin syrup before giving it to the child)

Add pyridoxine (Vitamin B6):

Children > 5 years: 25 mg daily
Children < 5 years: 12.5 mg daily for duration of IPT

LATE ADOLESCENTS & ADULTS

Isoniazid (INH) 5 mg/kg/day (max dose: 300 mg daily)

| | Pre-ART | On ART |
|-------------------|------------|-----------|
| TST not available | 6 months** | 12 months |
| TST negative | No IPT | 12 months |
| TST positive | 36 months | 36 months |

**Note importance of doing TST within 6 months while on IPT. If TST positive, extend to 36 months. If TST negative, stop IPT.

CRYPTOCOCCAL SCREENING AND TREATMENT

CHILDREN & EARLY ADOLESCENTS (< 15 YEARS)

Cryptococcal screening is not routinely done in children and early adolescents

If diagnosed and treated for cryptococcal meningitis, they should continue fluconazole while on ART as follows:

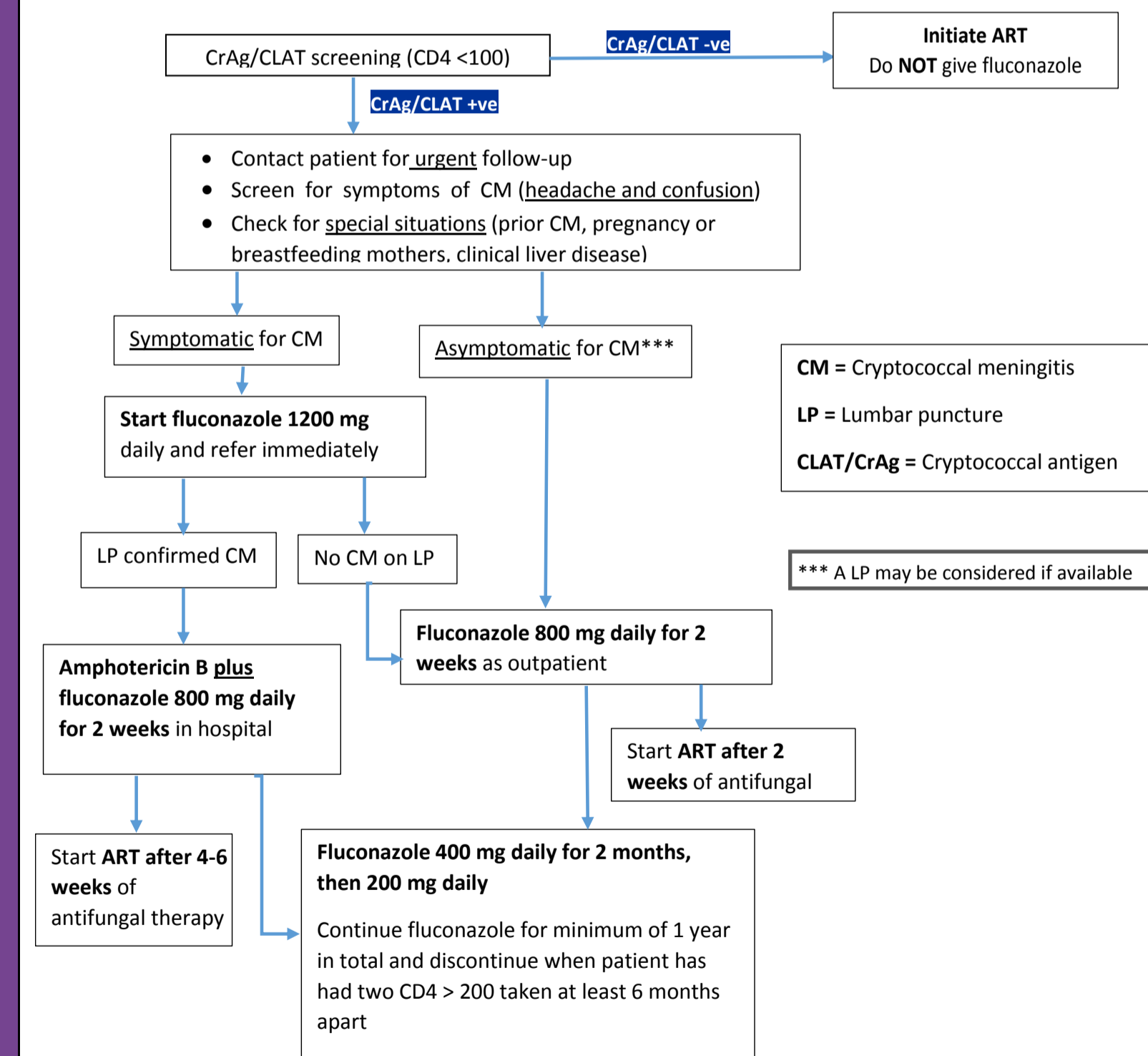
Children < 2 years: until 2 years old

Children 2 – 5 years: for a minimum of 1 year. Stop once CD4 > 750 on at least two occasions

Children > 5 years: for a minimum of 1 year. Stop once CD4 > 200 on at least two occasions

LATE ADOLESCENTS (> 15 YEARS) AND ADULTS

Cryptococcal antigen test (CrAg or CLAT) is routinely done by the laboratory in all patients with CD4 < 100 before initiation of ART



CM = Cryptococcal meningitis

LP = Lumbar puncture

CLAT/CrAg = Cryptococcal antigen

*** A LP may be considered if available



MEDICINES
INFORMATION
CENTRE



BETTER TOGETHER.

Based on the Western Cape Consolidated Guidelines for HIV Treatment: Prevention of Mother-to-Child Transmission of HIV (PMTCT), Children, Adolescents and Adults.

Western Cape Department of Health, South Africa, October 2016.

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