

The Well Project - List of Common Opportunistic Infections (Updated September 2011)

Disease	Infectious Agent	Region(s) affected	Symptoms	Method of Diagnosis	Treatment	Other Comments
Mucocutaneous candidiasis	<i>Candida albicans</i> (fungus)	oropharynx, esophagus, vagina	painless, creamy white plaque-like lesions on mucosa or tongue; painful swallowing; vulvovaginal itching, burning, whitish discharge	often clinical based on lesions; microscopic confirmation using scrapings and KOH prep for yeast	oral fluconazole; concerns: azole resistance; no prophylaxis recommended	usu in pts c CD4 <200
Cytomegalovirus (CMV)	<i>Cytomegalovirus</i> (virus)	eyes (retinitis), colon, esophagus	floaters, blind spots, light flashes, distorted vision; fever, weight loss, abdominal pain, diarrhea; painful swallowing, fever, nausea	CMV detected by PCR or antigen assays; ophthalmoscopic examination; colonoscopic or endoscopic examination showing mucosal ulceration with biopsy showing intranuclear or intracytoplasmic inclusions	oral and/or IV valganciclovir, IV foscarnet, IV cidovir; no prophylaxis recommended	usu in pts c CD4 <50
Cryptococcosis (Crypto)	<i>Cryptococcus neoformans</i> (fungus)	brain and spinal cord (meningitis, meningoencephalitis)	headache, fever, malaise; neck stiffness and photophobia in only 1/4 pts	cryptococcal antigen present in CSF; encapsulated yeast cells visualized using India ink stain of CSF	amphotericin B combined with flucytosine; no prophylaxis recommended	usu in pts c CD4 <50
Cryptosporidiosis	<i>Cryptosporidium</i> (protozoa)	small and large bowel	watery diarrhea, nausea, vomiting, abdominal cramping	microscopic identification of oocysts in stool or tissue	no direct treatment available; treat underlying cause with antiretroviral therapy (ART); treat sx with antidiarrheals and rehydration	usu in pts c CD4 <100; prevention through avoidance of contaminated water and feces, handwashing
<i>Mycobacterium avium</i> complex (MAC)	<i>Mycobacterium avium</i> (bacteria)	multiple organs	fever, weight loss, fatigue, night sweats, diarrhea, abdominal pain	laboratory isolation of MAC from blood culture using DNA probe or liquid chromatography	clarithromycin + EMB (+rifabutin); prophylaxis with azinithromycin or clarithromycin recommended with CD4 <50	usu in pts c CD4 <50
Mycobacterium tuberculosis (TB)	<i>Mycobacterium tuberculosis</i> (bacteria)	lungs; lymph nodes, heart, brain	cough, weight loss, fever, night sweats, fatigue	<b>LTBI:</b> interferon-gamma release assay (IGRA) on blood sample now recommended vs. old tuberculin skin test (TST) using purified protein derivative (PPD. <b>Active TB:</b> chest radiograph + sputum sample for AFB smear and culture	<b>LBTI:</b> INH + B <sub>6</sub> . <b>Active TB:</b> directly-observed therapy; if susceptible: INH, RIF or rifabutin, PZA, and EMB administered for 2 months, followed by INH and RIF (or rifabutin) for 4 additional months	Special treatment considerations during pregnancy; disease looks similar for HIV- and HIV+ with CD4>350; in pts c CD4<200, TB has greater extrapulmonary involvement

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<i>Pneumocystis</i> pneumonia (PCP)	<i>Pneumocystis jirovecii</i> (protozoan-like fungus)	lungs	dyspnea, fever, non-productive cough; diffuse dry rales; patchy 'ground glass' on CT	histopathologic demonstration of organism in tissue, BAL fluid, or sputum sample required for definitive dx; pts often treated empirically for sx (nonproductive cough, DOE on exertion with drop in O <sub>2</sub> sat)	TMP-SMX; prophylaxis with TMP-SMX recommended for CD4 <200	usu in pts c CD4 <200
Progressive multifocal leukoencephalopathy (PML)	JC virus (JCV; John Cunningham Virus)	CNS (primarily brain)	focal neurologic deficits effecting vision, speech, cognition, behavior, coordination	no direct treatment available; treat underlying cause with ART	MRI c white matter lesions corresponding to clinical deficits; PCR can be used to identify JVC in CSF fluid	Usually among patients with advanced HIV disease
Toxoplasmosis (toxo)	<i>Toxoplasma gondii</i> (protozoa)	Brain (toxoplasmic encephalitis)	headache, confusion, fever, motor weakness, seizures, coma	blood sample indicating sero-positivity for anti-toxoplasma immunoglobulin G (IgG) anti-bodies	pyrimethamine plus sulfadiazine plus leucovorin; prophylaxis with TMP-SMX recommended for CD4 <100	rare among pts c CD4 >200, greatest risk among CD4 <50; prevention through avoidance of under- or un-cooked meats, cat feces, kitty litter