

TABLE 1: Opportunistic Infection Prophylaxis to Prevent First Infection
(Strongly recommended standard of care)²

Pathogen	Indication	First Choice Preventive Regimen	Alternative Preventive Regimen
Pneumocystis carinii	CD4+ count <200/ μ L or oropharyngeal candidiasis	Trimethoprim-sulfamethoxazole (TMP-SMZ) 1 DS or SS po qd (A)	Dapsone 50 mg po bid or 100mg po qd (BI); dapsone 50 mg po qd plus pyrimethamine 50 mg po qw plus leucovorin 25 mg po qw (BI); dapsone 200 mg po plus pyrimethamine 75 mg po plus leucovorin 25 mg po qw (BI); aerosolized pentamidine 300 mg q month via Respigard II nebulizer (BI); atovaquone 1500 mg po qd (BI); TMP-SMZ 1 DS po tw (BI)
Toxoplasma gondii	IgG antibody to Toxoplasma and CD4+ count <100/ μ L	TMP-SMZ 1 DS po qd (AII)	TMP-SMZ 1 SS po qd (BIII); dapsone 50 mg po qd plus pyrimethamine 50 mg po qd plus leucovorin 25 mg po qw (BI); atovaquone 1500 mg po qd with or without pyrimethamine 25 mg po qd plus leucovorin 10 mg po qd (CIII)
Mycobacterium avium complex	CD4+ count <50/ μ L	Azithromycin [†] 1200 mg po qw (AI), or clarithromycin 500 mg po bid (AI)	Rifabutin 300 mg po qd (CI); azithromycin 1200 mg po qw plus rifabutin 300 mg po qd.
Varicella Zoster Virus (VZV)	Significant exposure to chicken pox or shingles for patients who have no history of either condition, or, if available, negative antibody to VZV	Varicella zoster immune globulin (VZIG) 5 vials (1.25 mL each) im, administered <96 h after exposure, ideally within 48 h (AIII)	<i>Ratings:</i> A. Should always be offered B. Should generally be offered C. Optional D. Should generally NOT be offered E. Should NEVER be offered

Quality of Evidence:

I. Evidence from at least one properly randomized, controlled trial

II. Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies (preferably from more than once center), or from multiple time-series studies. Or dramatic results from uncontrolled experiments.

III. Evidence from opinions of respected authorities based on clinical experience, descriptive studies, or reports of expert committees.