

**TABLE 3: Guidelines for Discontinuing and Restarting Primary and Secondary Prophylaxis for Opportunistic Infections<sup>2</sup>**

<b>Opportunistic Infection</b>	<b>Indications for Discontinuing 1<sup>o</sup> Prophylaxis</b>	<b>Indications for Restarting 1<sup>o</sup> Prophylaxis</b>	<b>Indications for Discontinuing 2<sup>o</sup> Prophylaxis<sup>A</sup></b>	<b>Indications for Restarting 2<sup>o</sup> Prophylaxis</b>
<b>Pneumocystis carinii Pneumonia</b>	CD4+ >200 cells/ $\mu$ L for $\geq$ 3 months (AI)	CD4+ <200 cells/ $\mu$ L (AIII)	CD4+ >200 cells/ $\mu$ L for $\geq$ 3 months (BII)	CD4+ <200 cells/ $\mu$ L (AIII)
<b>Toxoplasma</b>	CD4+ >200 cells/ $\mu$ L for $\geq$ 3 months (AI)	CD4+ <100-200 cells/ $\mu$ L (AIII)	CD4+ >200 cells/ $\mu$ L sustained ( $\geq$ 6 mo) and completed initial therapy and asymptomatic for toxo (CIII)	CD4+ <200 cells/ $\mu$ L (AIII)
<b>Mycobacterium avium complex</b>	CD4+ >100 cells/ $\mu$ L for $\geq$ 3 months (AI)	CD4+ <50-100 cells/ $\mu$ L (AIII)	CD4+ >100 cells/ $\mu$ L sustained ( $\geq$ 6 mo) and completed 12 mo of MAC therapy and asymptomatic for MAC (CIII)	CD4+ <100 cells/ $\mu$ L (AIII)
<b>Cytomegalovirus retinitis</b>	Not applicable	Not applicable	CD4+ >100-150 cells/ $\mu$ L sustained ( $\geq$ 6 mo) and no evidence of active disease and regular ophthalmic examination (BII)	CD4+ < 100-150 cells/ $\mu$ L (AIII)
<b>Cryptococcosis</b>	Not Applicable	Not Applicable	CD4+ > 100-200 cells/ $\mu$ L sustained (6 mo) and completed initial therapy and asymptomatic for cryptococcosis (CIII)	CD4+ < 100-200 cells/ $\mu$ L (AIII)

<sup>A</sup> After active disease.