

Prevention of opportunistic infections

INTRODUCTION

One of the major clinical advances in the management of patients who have HIV infection has been the implementation in the mid-1980s of antimicrobial prophylaxis for patients with severe immune impairment. Together with the use of antiretroviral drugs, this has led to decreased morbidity from opportunistic infections (OIs) and improved survival in patients with AIDS.

Such prophylaxis requires regular measurements of CD4⁺ lymphocyte counts and compliance on the part of the patient, who must take many pills each day for the rest of his/her life. There are also issues of tolerance, drug interactions, emergence of resistance and cost.

Since the extensive use in Western countries of highly active antiretroviral therapy (HAART), a further marked decrease in the occurrence

of AIDS-related opportunistic infections has been noted and the question of continuing or stopping prophylactic regimens has been raised in patients who have CD4⁺ counts increasing beyond the critical level of 200 lymphocytes/mm³.¹ Figure 90.1 summarizes the evolution of the incidence of most opportunistic infections among a cohort of 2000 patients followed at CHU Saint-Pierre hospital in Brussels.

Although prophylactic regimens against most of the opportunistic infections that occur in patients who have HIV infection exist, the decision to use prophylaxis should consider factors such as:

- the incidence and prevalence of specific infections in HIV infected individuals;
- the potential severity of disease in terms of morbidity and mortality;
- the level of immunosuppression at which each disease is likely to occur;

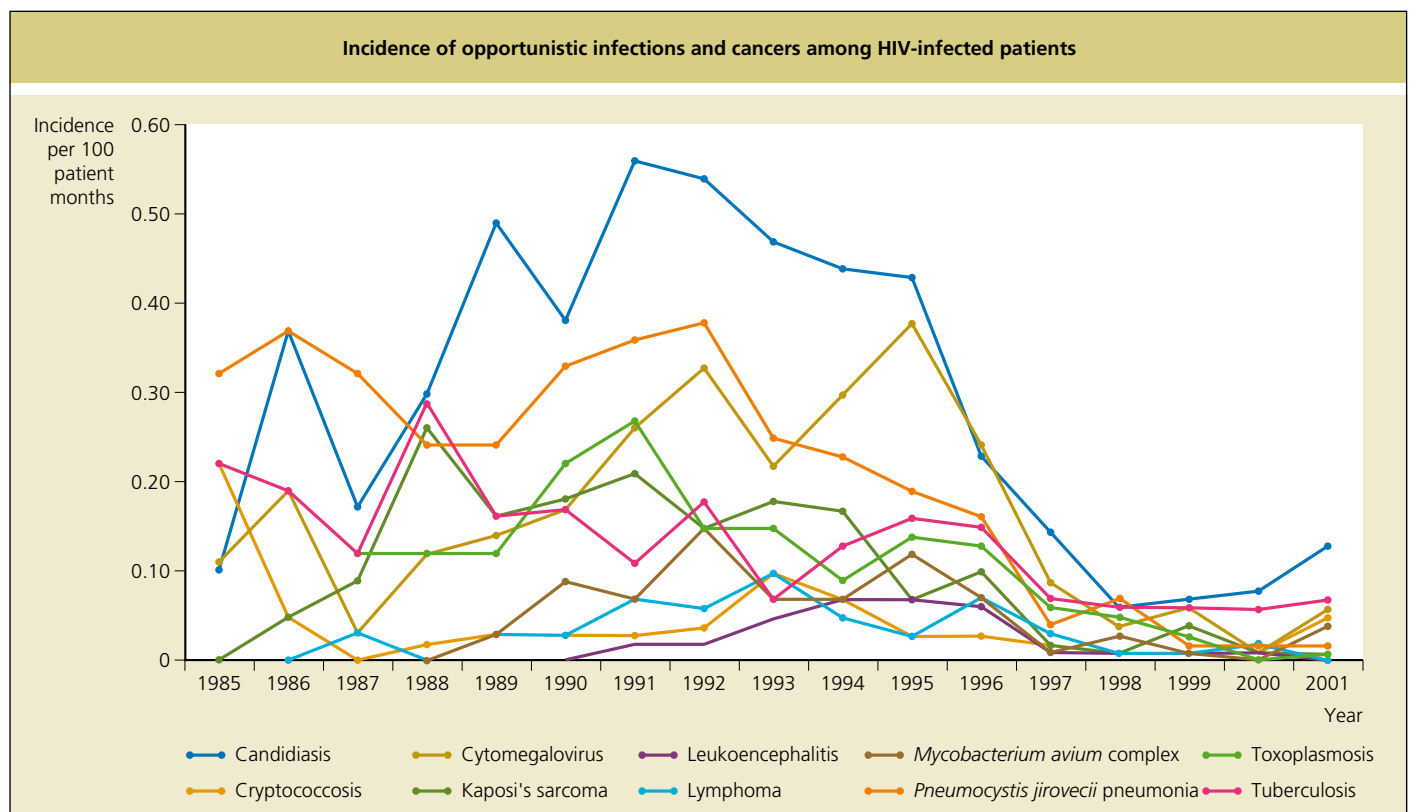


Fig. 90.1 Incidence of opportunistic infections among patients who have HIV infection. CHU Saint-Pierre, 1985–2001.