

Provider Feedback- OAHS SS

The standard states in this section that:

1.65 Opportunistic Infection Prevention and Treatment

Providers shall follow current national guidelines for prophylaxis and treatment of opportunistic infections.

Examples include:

- PCP prophylaxis for CD4 <200
- Toxoplasmosis prophylaxis for CD4 <100
- MAC prophylaxis for CD4 <50 when not on fully suppressive ART

While the guidelines state:

For PCP

Recommendations for Preventing First Episode of *Pneumocystis* Pneumonia (Primary Prophylaxis)

Indications for Initiating Primary Prophylaxis

- CD4 count 100–200 cells/mm³, if plasma HIV RNA level above detection limits **(AI)**, *or*
- CD4 count <100 cells/mm³, regardless of plasma HIV RNA level **(AIII)**

For Toxoplasmosis

Recommendations for Preventing First Episode of *Toxoplasma gondii* Encephalitis (Primary Prophylaxis)

Indications for Initiating Primary Prophylaxis

- *Toxoplasma* IgG positive patients with CD4 count <100 cells/mm³ **(AII)**

Our concern is the abbreviated language that does not fully align and may be confusing. While it does indicate in the standard that we should follow the guidelines, I don't want a standard produced that may cause confusion across providers or the individuals that need to monitor them. Can we expand the language to include:

PCP prophylaxis for CD4 <100 regardless of viral load, or if viral load is detectable and CD4 is <200.

Toxoplasmosis prophylaxis for Toxoplasma IgG positive patients with CD4 count <100.

OR

Follow current guidelines for treatment of opportunistic infections such as PCP, Toxoplasmosis, and MAC.