Table 3. Indications for Discontinuing and Restarting Primary and Secondary Prophylaxis (or Chronic Maintenance Therapy) for Selected Opportunistic Infections in Adults and Adolescents With HIV

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Opportunistic Infection	Indication for Discontinuing Primary Prophylaxis	Indication for Restarting Primary Prophylaxis	Indication for Discontinuing Secondary Prophylaxis/Chronic Maintenance Therapy	Indication for Restarting Secondary Prophylaxis/Chronic Maintenance Therapy
Bacterial Enteric Infections: Salmonellosis	Not applicable	Not applicable	Resolution of *Salmonella* infection and after response to ART with sustained viral suppression and CD4 counts >200 cells/mm^3 (CII)	No recommendation
Bartonellosis	Not applicable	Not applicable	• Received at least 3–4 months of treatment, *and* • CD4 count >200 cells/mm^3 for ≥6 months (CIII) Some specialists would only discontinue therapy if *Bartonella* titers have also decreased by fourfold (CIII).	No recommendation
Candidiasis (Mucocutaneous)	Not applicable	Not applicable	If used, reasonable to discontinue when CD4 count >200 cells/mm^3 (AIII)	No recommendation
Coccidioidomycosis	CD4 count ≥250 cells/mm^3 with virologic suppression on ART (BIII)	No recommendation	Focal Coccidioidal Pneumonia (AII) • Clinically responded to 3–6 months of antifungal therapy, with CD4 count ≥250 cells/mm^3, and achieved viral suppression on ART • Continue monitoring for recurrence after treatment discontinuation by using serial chest radiographs and coccidioidal serology. Diffuse Pulmonary or Disseminated Non-Meningeal Disease (BIII) • Clinical and serological response to ≥12 months of therapy, *and* • Consultation with experts	No recommendation

Table 3. Indications for Discontinuing and Restarting Opportunistic Infection Secondary Prophylaxis or Chronic Maintenance in Adults and Adolescents With HIV

Opportunistic Infection	Indication for Discontinuing Primary Prophylaxis	Indication for Restarting Primary Prophylaxis	Indication for Discontinuing Secondary Prophylaxis/Chronic Maintenance Therapy	Indication for Restarting Secondary Prophylaxis/Chronic Maintenance Therapy
			• For diffuse pulmonary disease, continue monitoring for recurrence after treatment discontinuation by using serial chest radiographs and coccidioidal serology. Coccidioidal Meningitis (AII) • Suppressive therapy should be continued indefinitely, even with an increase in CD4 count on ART.	
Cryptococcal Meningitis	Not applicable	Not applicable	If the following criteria are fulfilled (BII): • Completed initial (induction and consolidation) therapy, *and* • Received at least 1 year of antifungal therapy, *and* • Remain asymptomatic of cryptococcal infection, *and* • CD4 count ≥100 cells/mm^3 and with suppressed plasma HIV RNA in response to ART	CD4 count <100 cells/mm^3 (AIII)
Cystoisospora belli Infection	Sustained increase in CD4 count to ≥200 cells/mm^3 for >6 months in response to ART (BIII)	No recommendation	• Sustained increase in CD4 count to ≥200 cells/mm^3 for >6 months in response to ART and without evidence of active *C. belli* infection (BIII)	No recommendation

Table 3. Indications for Discontinuing and Restarting Opportunistic Infection Secondary Prophylaxis or Chronic Maintenance in Adults and Adolescents With HIV

Opportunistic Infection	Indication for Discontinuing Primary Prophylaxis	Indication for Restarting Primary Prophylaxis	Indication for Discontinuing Secondary Prophylaxis/Chronic Maintenance Therapy	Indication for Restarting Secondary Prophylaxis/Chronic Maintenance Therapy
Cytomegalovirus Retinitis	Not applicable	Not applicable	If the following criteria are fulfilled (AII): • CMV treatment for at least 3 months, *and* • Lesions are inactive, *and* • CD4 count ≥100 cells/mm^3 for at least 3 months in response to ART Therapy should be discontinued only after consultation with an ophthalmologist. After discontinuation of anti-CMV maintenance therapy, ophthalmologic monitoring for early detection of CMV relapse and IRU should be performed at least every 3 months and then yearly after immune reconstitution (AIII).	CD4 count <100 cells/mm^3 (AIII)
Histoplasma capsulatum Infection	On ART with CD4 count ≥150 cells/mm^3 for 6 months and with viral suppression on ART (BIII)	For patients at high risk of acquiring histoplasmosis (as noted in Table 1), restart if CD4 count decreases to <150 cells/mm^3 (BIII).	If the following criteria (AI) are fulfilled: • Received azole therapy for >1 year, *and* • Negative fungal blood cultures, *and* • Serum or urine *Histoplasma* antigen below the level of quantification, *and* • Viral suppression on ART, *and* • CD4 count ≥150 cells/mm^3 for ≥6 months in response to ART	CD4 count <150 cells/mm^3 (BIII)
Leishmaniasis: Visceral (and possibly cutaneous leishmaniasis in immunocompromised patients with multiple relapses)	Not applicable	Not applicable	If CD4 count increases to >350 cells/mm^3 and HIV viral load is suppressed for 6 months in response to ART and there is no evidence of clinical relapse of visceral leishmaniasis (CIII)	No recommendation
Microsporidiosis	Not applicable	Not applicable	If there are no signs or symptoms of non-ocular (BIII) or ocular (CIII) microsporidiosis and CD4 count is	No recommendation

Table 3. Indications for Discontinuing and Restarting Opportunistic Infection Secondary Prophylaxis or Chronic Maintenance in Adults and Adolescents With HIV

Opportunistic Infection	Indication for Discontinuing Primary Prophylaxis	Indication for Restarting Primary Prophylaxis	Indication for Discontinuing Secondary Prophylaxis/Chronic Maintenance Therapy	Indication for Restarting Secondary Prophylaxis/Chronic Maintenance Therapy
			>200 cells/mm^3 for >6 months in response to ART	
Mycobacterium avium Complex Disease	Continuing a fully suppressive ART regimen (AI)	CD4 count <50 cells/mm^3 and not on fully suppressive ART (AIII)	If the following criteria are fulfilled (AI): • Completed ≥12 months of therapy, *and* • Have no signs and symptoms of MAC disease, *and* • Have sustained (≥6 months) CD4 count >100 cells/mm^3 in response to ART	If a fully suppressive ART regimen is not possible and CD4 count is consistently <100 cells/mm^3 (BIII)
Pneumocystis Pneumonia	CD4 count increased from <200 to ≥200 cells/mm^3 for ≥3 months in response to ART (AI) Can consider when CD4 count is 100–200 cells/mm^3 if HIV RNA remains below limits of detection for ≥3 to 6 months (BII)	CD4 count <100 cells/mm^3 regardless of HIV RNA level (AIII) CD4 count 100–200 cells/mm^3 and HIV RNA above detection limit of the assay (AIII)	CD4 count increased from <200 cells/mm^3 to ≥200 cells/mm^3 for ≥3 months in response to ART (AII) Can consider when CD4 count is 100–200 cells/mm^3 if HIV RNA remains below limits of detection for 3–6 months (BII) If PCP occurs at a CD4 count >200 cells/mm^3 while on ART, continue PCP prophylaxis for life, regardless of how high the CD4 cell count rises as a consequence of ART (BIII). If PCP occurs at a CD4 count >200 cells/mm^3 while not on ART, discontinuation of prophylaxis can be considered when HIV RNA levels are suppressed to below limits of detection for ≥3 to 6 months (CIII).	CD4 count <100 cells/mm^3 regardless of HIV RNA level (AIII) CD4 count 100–200 cells/mm^3 and with HIV RNA above detection limit of the assay (AIII)
Talaromycosis (Penicilliosis)	CD4 count ≥100 cells/mm^3 for ≥6 months in response to ART (BII) *or* HIV viral suppression for ≥6 months on ART (BIII)	CD4 count <100 cells/mm^3 (BIII)and still resides in or travels to the hyperendemic area	CD4 count ≥100 cells/mm^3 for ≥6 months in response to ART (BII) *or* HIV viral suppression for ≥6 months (BIII)	CD4 count <100 cells/mm^3 (BIII)

Table 3. Indications for Discontinuing and Restarting Opportunistic Infection Secondary Prophylaxis or Chronic Maintenance in Adults and Adolescents With HIV

Opportunistic Infection	Indication for Discontinuing Primary Prophylaxis	Indication for Restarting Primary Prophylaxis	Indication for Discontinuing Secondary Prophylaxis/Chronic Maintenance Therapy	Indication for Restarting Secondary Prophylaxis/Chronic Maintenance Therapy
Toxoplasma gondii Encephalitis	CD4 count increased to >200 cells/mm^3 for >3 months and sustained HIV RNA below limits of detection in response to ART (AI) Can consider when CD4 count is 100–200 cells/mm^3 if HIV RNA remains below limits of detection for at least 3–6 months (BII)	CD4 count <100 cells/mm^3 (AIII) CD4 count 100–200 cells/mm^3 and with HIV RNA above detection limit of the assay (AIII)	If the following criteria are fulfilled (BI): • Successfully completed initial therapy • Receiving maintenance therapy and remaining free of signs and symptoms of TE, *and* • CD4 count >200 cells/mm^3 for >6 months in response to ART	CD4 count <200 cells/mm^3 (AIII)

For information regarding the evidence ratings, refer to the Rating System for Prevention and Treatment Recommendations in the Introduction section of the Adult and Adolescent Antiretroviral Guidelines.

Key: ART = antiretroviral therapy; CD4 = CD4 T lymphocyte; CMV = cytomegalovirus; IRU = immune reconstitution uveitis; MAC = *Mycobacterium avium* complex; PCP = *Pneumocystis* pneumonia; TE = *Toxoplasma* encephalitis