Cryptococcal antigen screening when CD4 count <100

POSITIVE

- Contact patient for urgent follow-up
- Screen for symptoms of meningitis
- Check for special situations

Symptomatic

Start fluconazole 800 mg daily and refer immediately for lumbar puncture

Lumbar puncture (+)

Amphotericin B plus fluconazole
800 mg daily for 2 weeks in hospital

Fluconazole 400 mg daily for 2 months then 200 mg daily
Continue fluconazole for minimum of 1 year in total and discontinue when patient has had two CD4 counts >200 taken at least 6 months apart

Start ART after 4 weeks of antifungal therapy

Lumbar puncture (-)

Fluconazole 800 mg daily for 2 weeks as outpatient

Start ART after 2 weeks of antifungal therapy

NEGATIVE

Initiate ART
No fluconazole

*Symptomatic for meningitis if either of the following is present:
1. Headache
2. Confusion

†Special situations include:
- Prior cryptococcal meningitis
- Pregnancy or breastfeeding mothers
- Clinical liver disease

§A lumbar puncture may be considered if available.

Southern African HIV Clinicians' Society
Updated 11 Dec 2012
†Special situations

Prior cryptococcal meningitis
Patients with a history of cryptococcal meningitis do not need to be routinely screened. However, if the patient has been screened and has new symptoms of meningitis, he/she will need to be evaluated for relapse disease and/or IRIS. If the patient does not have new symptoms, the health care provider should ensure that the patient has received or is receiving adequate maintenance therapy (fluconazole 200 mg until patient has had two CD4 counts >200 taken at least 6 months apart on ART).

Pregnancy or breastfeeding mothers
Because fluconazole can be harmful to a fetus, all women of childbearing age should have a pregnancy test. The risks, benefits and alternatives to fluconazole treatment should be discussed with the pregnant patient. Consultation with a medical practitioner experienced in the care of HIV-infected patients is recommended. Mothers who are breastfeeding also require consultation with an experienced medical practitioner as fluconazole can be transmitted through breast milk to the infant. Women of childbearing age who are not yet pregnant and are starting fluconazole treatment should be advised to avoid becoming pregnant during treatment.

Clinical liver disease
Patients with a history of liver disease or with evidence of clinical liver disease deserve careful monitoring because fluconazole may cause liver damage. Consultation with a physician experienced in the care of HIV-infected patients is recommended.

Updated 11-Dec-2012