



†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.