



FACT SHEET AUGUST 2006

NEW WHO GUIDELINES ON CO-TRIMOXAZOLE PROPHYLAXIS FOR HIV-RELATED INFECTIONS AMONG CHILDREN, ADOLESCENTS AND ADULTS

All WHO fact sheets, press releases, features and other information on HIV/AIDS can be found on <http://www.who.int/hiv/toronto2006>

BACKGROUND

Co-trimoxazole (CTX) prophylaxis is a critical intervention for HIV-positive adults, adolescents and children. It greatly reduces the incidence of major opportunistic infections and postpones the time at which antiretroviral therapy (ART) needs to be initiated, thus delaying the onset of AIDS symptoms and prolonging life.

Despite the impressive scale-up of ART access around the world, CTX remains ever important as it can improve survival independently of specific HIV treatment. Even though it is on the essential medicines list of most countries, and despite the fact that it is globally relevant in slowing the progress of the HIV/AIDS epidemic, CTX intervention has as yet been poorly implemented in resource-limited settings.

These new guidelines by WHO are primarily intended to be used by national HIV/AIDS programme managers, managers of nongovernmental organizations delivering care services, policymakers involved in planning HIV/AIDS care strategies, and

clinicians in resource-limited settings.

PREVENTION OF OPPORTUNISTIC INFECTIONS AND CTX PROPHYLAXIS

CTX is a highly effective antibiotic used for the treatment and prevention of *Pneumocystis jiroveci* pneumonia (PCP), a complicated infectious condition. PCP accounts for 50-60% of AIDS diagnoses in infants and is also a common life-threatening opportunistic infection in HIV-infected adults and adolescents.

Recently, more data has become available from resource-limited settings on the efficacy of CTX prophylaxis in reducing morbidity and mortality among adults, adolescents, infants, children and pregnant women living with HIV.

- Evidence supports that HIV-positive **adults and adolescents** with CD4 counts <350 cells per mm³ and those with WHO clinical stages 3 or 4 (including tuberculosis) clearly benefit from CTX prophylaxis

- CTX prophylaxis is recommended for all HIV-exposed **infants** born to infected mothers starting at 4-6 weeks after birth, and continuing until positive infection has been excluded and the infant is no longer at risk of acquiring HIV through breastfeeding
- In HIV-positive **children**, CTX offers protection against other opportunistic infections
- Data on CTX prophylaxis studies in **pregnant women** indicate that this intervention may have indirect benefits for neonatal and infant health, in addition to its direct benefits for maternal health

HIGHLIGHTS IN THE WHO GUIDELINES

Included in the guidelines are recommendations on the use of CTX for infants/children, adults/adolescents and special considerations to be taken into account when dealing with other opportunistic infections.

Aspects highlighted in the annexes of the recommendations include information on WHO clinical staging of HIV disease in adults/adolescents and infants/children, clinical criteria for recognizing HIV-related events among adults/adolescents and infants/children, and grading of adverse drug events.

These new guidelines by WHO will be useful for those implementing and scaling up strategies for CTX prophylaxis programmes in resource-limited settings.
