Prophylaxis Protocols for HIV Positive Patients receiving Chemotherapy

Haemato-Oncology Patients

All HIV positive Haemato-Oncology patients receiving chemotherapy should be considered for the following prophylactic medication. Please also refer to local haemato-oncology prophylactic supportive guidelines.

- **Antiviral:** Aciclovir PO 400mg twice daily.
  - Duration: continue throughout chemotherapy until review by an HIV consultant.
  - Dose reduction to 200mg twice daily for Creatinine Clearance < 30mL/min

- **Antifungal:** e.g. Fluconazole PO 400mg once daily (preferred) or itraconazole PO 200mg twice daily (check for drug drug interactions) or as per fungal guidelines.
  - Duration: continue throughout chemotherapy until review by an HIV consultant
  - Itraconazole also interacts with vinca alkaloids so should be avoided in regimens containing vincristine, vinblastine, vindesine or vinorelbine

- **Mycobacterium Avium-intracellulare (MAI) prophylaxis:** Azithromycin PO 1.25g weekly.
  - Duration: continue throughout chemotherapy or until review by an HIV consultant
  - We recommend prophylaxis against MAI for individuals with a CD4 cell count less than 50 cells/μL and in those whose treatment puts their CD4 count at risk of falling below this level

- **Pneumocystis jirovecii Pneumonia (PCP) prophylaxis:**
  - Co-Trimoxazole (preferred) PO 480mg once daily OR 960mg once daily on Monday, Wednesday and Friday (dose reduction to 480mg on Monday, Wednesday and Friday for CrCl < 30mL/min) OR Pentamidine Nebulised 300mg Monthly OR Dapsone PO 100mg once daily OR Atovaquone liquid 750mg twice daily
  - Duration: Prophylaxis against *Pneumocystis jirovecii* pneumonia (PCP) should be started for those who have a CD4 cell count less than 200 cells/μL and should be considered at higher levels in all patients starting chemotherapy or radiotherapy
- **CMV surveillance**: CMV PCR should be measured at diagnosis, measure weekly if on steroids. Do NOT start treatment before discussing with an HIV consultant. If patient is on CMV treatment i.e. ganciclovir and/or foscarnet, consider stopping aciclovir.
- Prophylaxis against CMV is not recommended even in the context of allogeneic stem cell transplantation where weekly monitoring of CMV replication is recommended for at least 100 days post-transplant. Regular monitoring can trigger pre-emptive antiviral therapy and lower rate of CMV infection and mortality but practice varies between centres.
- Annual influenza vaccination is recommended. Optimal timing for immunization has not been established, so vaccination is generally performed at least 2 weeks before chemotherapy starts or at least 1 week after the last cycle.
- Similarly, people living with HIV and cancer should be vaccinated against pneumococcus and hepatitis B virus

**Solid Tumour Oncology Patients**

All HIV positive solid tumour patients receiving potentially immunosuppressive chemotherapy or radiotherapy should be considered for prophylactic medication as described above for Haematology-Oncology patients.

**Reference**