

# GUIDELINES FOR CO-TRIMOXAZOLE PREVENTIVE THERAPY (CPT)

## Private Health Sector Project



## Co-trimoxazole Preventive Therapy (CPT)

This guideline's purpose is preventing *Pneumocystis pneumonia*, toxoplasmosis, bacterial infection, and diarrhea caused by *Isospora belli* or *Cyclospora* species & prevention of malaria in PLHIV.

### 1. When to start and stop Co-trimoxazole in People living with HIV

	<b>Indication</b>
<b>Primary Cotrimoxazole (CTX) prophylaxis</b>	WHO clinical stage 2, 3, 4 CD4 <350 cells/mm <sup>3</sup> , irrespective of clinical staging
HIV Exposed Infants:	Starting at 6 week after birth, Continue until risk of HIV transmission ends or HIV infection excluded (18 months of age)
HIV infected Infant < 1 year:	Until 5 years of age regardless of CD4% or clinical symptoms
<b>Secondary CTX prophylaxis</b>	All patients who have completed treatment for <b>PCP</b>
Timing to start CPT and ART	Start CPT first. Start ART within 2 weeks if patient is tolerating CTX
Cotrimoxazole (CTX) dose: Tablet: 400/80, 800/160, Syrup: 80/16	Once daily, preferably at lunch Adult: Total daily dose is 960mg. Infants & children: age & weight specific
CPT in pregnancy & breastfeeding women	Start regardless of the stage of pregnancy if indicated. Continue through Breastfeeding. Also serve as intermittent preventive therapy for malaria.
Patients <b>allergic</b> to sulfa-based medications	Give Dapsone 100mg per day, if available. CTX desensitization may be attempted, not in patients with previous severe reaction.
Monitoring patients on CPT	Monitor side effects & support adherence
<b>When to stop</b> CPT in patients on ART	Continue prophylaxis indefinitely. Consider discontinuation: <ul style="list-style-type: none"> <li>➤ After 1 year on ART without WHO stage 2,3 or 4 events,</li> <li>➤ CD4 count &gt;350 cells/ mm<sup>3</sup> &amp; on ART for at least 6 months</li> </ul>

## 2. Management of Co-trimoxazole side-effects

Side-effect	What to do
Nausea	Continue CTX, and take with <b>food</b> , Use anti-emetics
Rash	Stop CTX, Manage the rash Grade the adverse event: If grade 4 - permanently Discontinue CTX, If grade 3 – use desensitization or Dapsone,
Pallor (Hgb < 8mg/dl) Bleeding gums	Stop CTX, Treat anemia,
New jaundice	Stop CTX, Manage the underlying problem,

## 3. Grading & Management of Co-trimoxazole toxicity

Toxicity	Clinical description	Recommendation
Grade 1	Erythema	Continue CTX - monitor closely, Symptomatic treatment with antihistamines
Grade 2	Diffuse maculopapular rash, Dry desquamation	Continue CTX - monitor closely, Symptomatic treatment with antihistamines
Grade 3	Vesiculation, Mucosal ulceration	Discontinue CTX until the rash has resolved completely (usually 2wks), Reintroduction or desensitization can be considered (see CTX desensitization below)
Grade 4	Exfoliative dermatitis, Stevens-Johnson syndrome, Erythema multiforme, Moist desquamation	CTX should be <b>permanently</b> discontinued! Start Dapsone for prophylaxis once patient stabilizes, <b>Never</b> reinitiate CTX.

## 4. Co-trimoxazole Desensitization

- ✓ **No** attempt in patients with history of **grade 4** toxicity,
- ✓ Initiate an **antihistamine** drug the day before desensitization, and continue daily until completing the dose escalation,

- ✓ Increase by 1 step each day, and:
  - If severe reaction occurs, stop the Desensitization,
  - If minor reaction occurs, repeat the same step/ dose for another day:
    - If the reaction subsides, proceed to the next step,
    - If the reaction worsens, desensitization should be terminated.

<b>Steps for Cotrimoxazole Desensitization</b>	
<b>Step</b>	<b>Dose</b>
Day 1	80 mg sulfamethoxazole + 16mg trimethoprim (2ml of oral suspension*)
Day 2	80 mg sulfamethoxazole + 16mg trimethoprim (2ml of oral suspension*)
Day 3	80 mg sulfamethoxazole + 16mg trimethoprim (2ml of oral suspension*)
Day 4	80 mg sulfamethoxazole + 16mg trimethoprim (2ml of oral suspension*)
Day 5	1 single-strength tablet (400 mg sulfamethoxazole + 80 mg trimethoprim )
Day 6	2 single-strength tablets or 1 double-strength tablet (800mg sulfamethoxazole + 160 mg trimethoprim)

- *CTX oral suspension is 40 mg trimethoprim + 200 mg sulfamethoxazole per 5 ml.*
- *Total daily dose for adult is 960mg (800mg SMZ + 160mg TMP)*