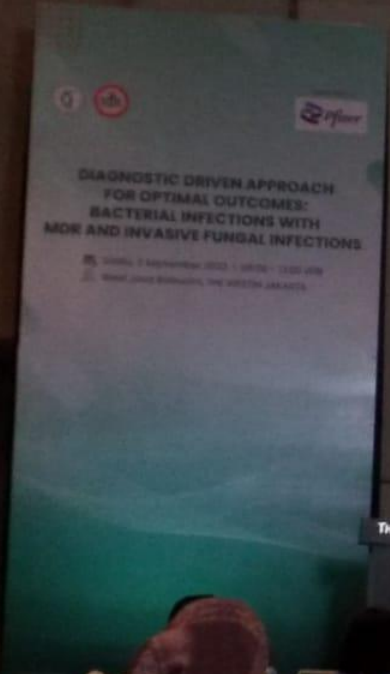


Invasive Fungal Infections (IFIs) – *Candida* spp & Others : The Role of Azole



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DIAGNOSTIC DRIVEN APPROACH FOR OPTIMAL OUTCOMES: BACTERIAL INFECTIONS WITH MDR AND INVASIVE FUNGAL INFECTIONS

 Sabtu 2 September 2023 | 09:00 - 13:00 WIB

 West Java Ballroom, THE WESTIN JAKARTA

Host - Fungal Clearance

Lymphocytes (CD4+)

- Cryptococcus* spp
- Histoplasma* spp

Neutrophils

- Candida* spp
- Aspergillus* spp

GUIDELINES FOR DIAGNOSING, PREVENTING AND MANAGING CRYPTOCOCCAL DISEASE AMONG ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV

Since 2016, WHO guidelines have recommended that all adults and adolescents living with HIV who have a CD4 cell count <100 cells/mm³ be screened for cryptococcal antigen before ART initiation or reinitiation; cryptococcal antigen screening may also be considered for adults and adolescents living with HIV who have a CD4 cell count <200 cells/mm³. These recommendations were supported by evidence favouring the clinical benefit and cost-effectiveness of cryptococcal antigen screening (20,22,24–30). All individuals screening positive for cryptococcal antigen should be given pre-emptive antifungal therapy (fluconazole 800–1200 mg/day for adults and 12 mg/kg per day for adolescents for two weeks), followed by consolidation and maintenance fluconazole therapy, as for treatment. The 2019 guidelines from the Southern African HIV Clinicians Society recommend 1200 mg for first 2 weeks given safety and concerns over breakthrough infection (21).

GUIDELINES FOR DIAGNOSING AND MANAGING DISSEMINATED HISTOPLASMOSES AMONG PEOPLE LIVING WITH HIV

Histoplasmosis has a high endemicity in certain areas of the Americas (7). Although most frequently diagnosed in the Americas, it is also diagnosed in certain countries of Asia (China, India, Indonesia, Japan, Malaysia, Singapore, Thailand, and Viet Nam) and Africa (Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gambia, Guinea Bissau, Liberia, Senegal, South Africa, and Uganda) (8). Among people living with HIV, the most frequent clinical presentation of this disease is disseminated histoplasmosis. Symptoms of disseminated histoplasmosis are nonspecific and may be indistinguishable from those of other infectious diseases; especially TB, thus complicating diagnosis and treatment (9). Most histoplasmosis reports come from the Region of the Americas, and each year there are up to 15,600 new cases and 4,500 deaths among people living with HIV (4).

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Prognostic Factor	Weight
Duration of illness	
No or mild symptoms	5
Alcoholic symptoms	3
No hypotension (systolic blood pressure >90 mm Hg)	5
No chronic obstructive pulmonary disease	4
Stable tumour or no previous fungal infection	4
No dehydration requiring parenteral fluids	3
Outpatient status	3
Age <60 years	2

MAJOR: Risk Index score >21 indicates that the patient is at a low risk of complications and mortality; classified as low risk fibrile neutropenia.



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 Hotel Jaya Raya, The Westin Jakarta

PANDUAN UMUM
Diagnosis dan Tatalaksana
Kandidiasis Invasif pada Pasien Non Transplantasi

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

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In Progress Publication

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SKP IDI

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Sabtu, 2 September 2023 | 08:00 - 10:00 WIB
 West Java Ballroom, THE WESTIN JAKARTA
<https://doi.org/10.1007/978-96-1-10-1000-0>

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

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