

Personal Reflections on Policy Environment and Mechanisms: The Example of Cryptococcal Meningitis in Uganda

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Cryptococcal Meningitis: a Common, Fatal, Preventable/Manageable Infection in Uganda

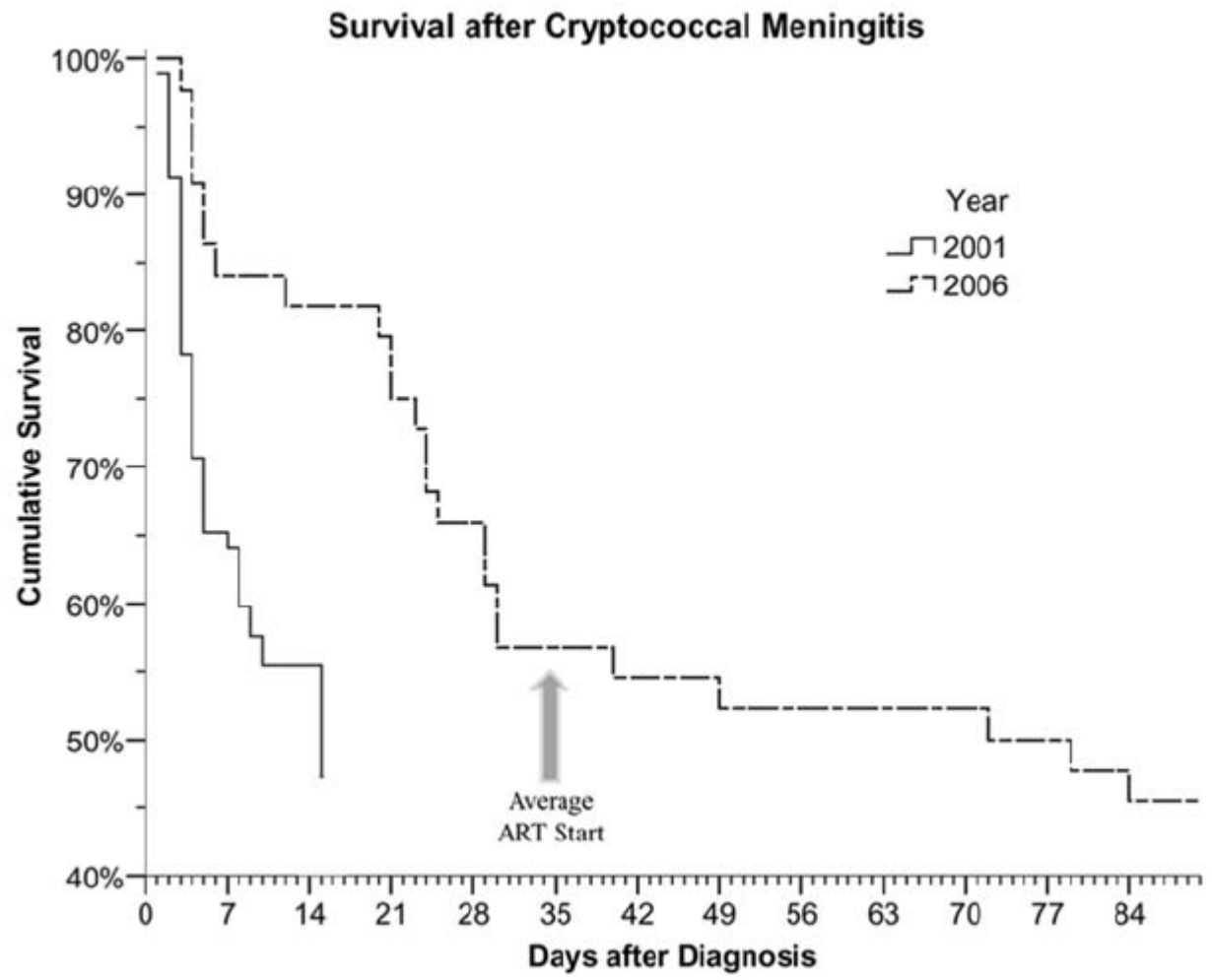
Supplement article

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ORIGINAL ARTICLE

Timing of Antiretroviral Therapy after Diagnosis of Cryptococcal Meningitis

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Ugandan Researchers have Contributed to Cryptococcal Research Translation



4. Cryptococcal Disease and HIV

The recommendations on diagnosis, prevention and management of cryptococcal disease (meningeal and non-meningeal) in adults, adolescents, and children are based on several guiding principles:

- Early ART initiation is the most important and cost-effective preventive strategy to reduce the incidence and high mortality associated with cryptococcal meningitis. Patients should ideally initiate ART at a CD4 count of 500 cells/mm³, and definitely before a decline in the CD4 cell count to less than 200 cells/mm³, or development of WHO stage 3 or 4 disease.
- Early diagnosis is key to improving mortality due to cryptococcal disease. Clinicians need to have a low threshold for suspecting cryptococcal meningitis.
- Reliable access to rapid diagnostic CrAg assays, either lateral flow assay (LFA) or latex agglutination (LA) for use with serum or plasma and/or cerebrospinal fluid (CSF) should be prioritized.
- Prompt referral for HIV testing and care should be undertaken as soon as appropriate following diagnosis of cryptococcal disease, to facilitate early HIV diagnosis, uptake of ART and retention in care.
- Optimal use of antifungal treatment regimens and approaches can improve survival, clinical and neurological outcomes, and rapid fungal clearance, while minimizing drug related toxicities.

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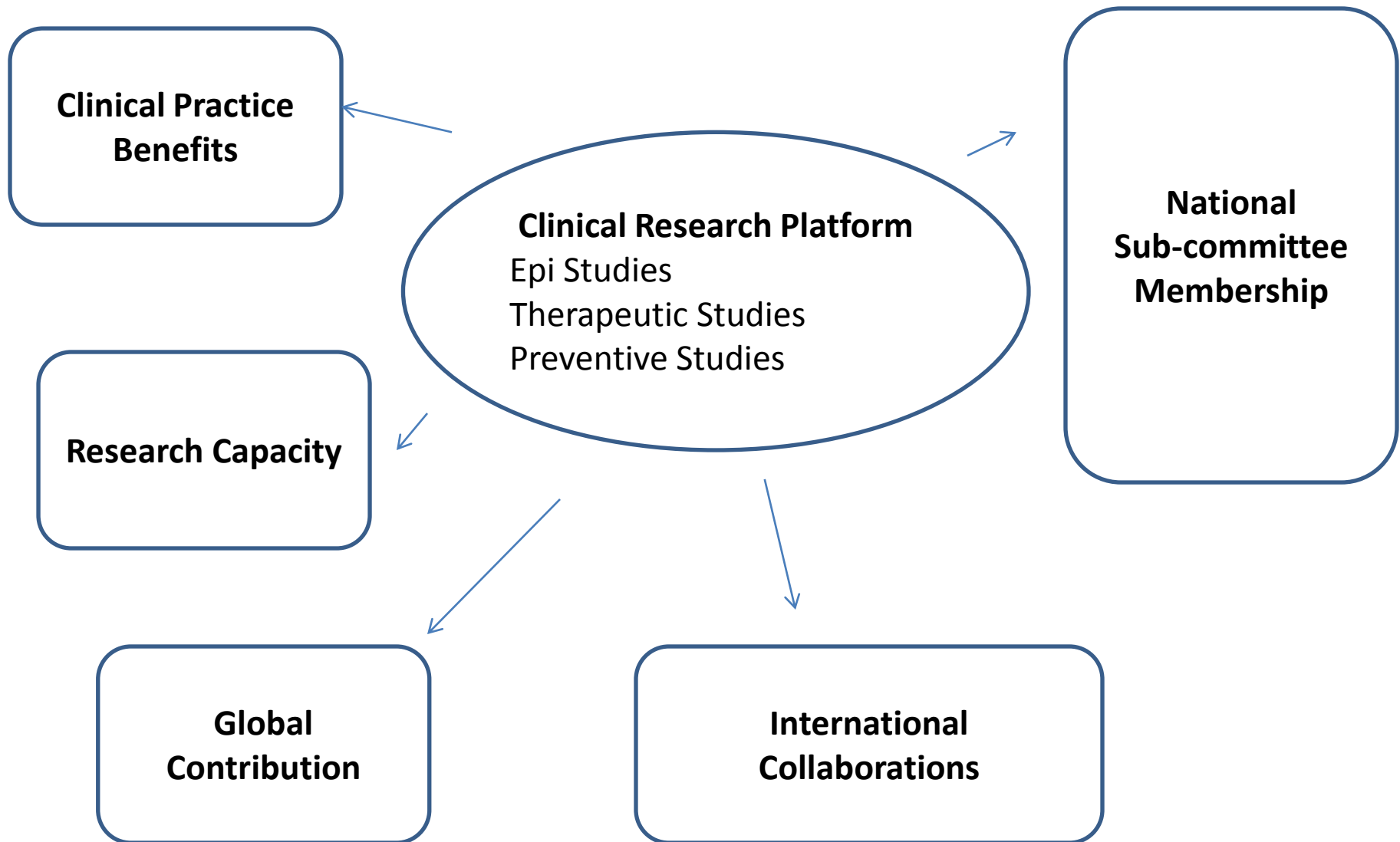
HIV/AIDS Programme

RAPID ADVICE

DIAGNOSIS, PREVENTION AND MANAGEMENT
OF CRYPTOCOCCAL DISEASE IN HIV-INFECTED
ADULTS, ADOLESCENTS AND CHILDREN

December 2011

Specific Enablers have Facilitated Cryptococcal Research Translation in Uganda



Thank you