Table I. Treatment

<table>
<thead>
<tr>
<th>Organism</th>
<th>Antifungal</th>
<th>Dose</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blastomyces dermatitidis</strong></td>
<td>Mild to moderate pulmonary or disseminated: <a href="#">Intraconazole</a></td>
<td>200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 months</td>
<td>Fluconazole 800mg orally every day Non-liposomal amphotericin 0.7-1mg/kg/day</td>
</tr>
<tr>
<td></td>
<td>Severe pulmonary or disseminated: <a href="#">Amphotericin</a> (lipid preparation)</td>
<td>3-5mg/kg IV daily for 1-2 weeks or until improved, <strong>step down to itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for a total of 12 months of therapy</td>
<td>Fluconazole 800 mg orally every day Non-liposomal Amphotericin 0.7-1mg/kg/day</td>
</tr>
<tr>
<td></td>
<td>CNS: <a href="#">Amphotericin</a> (lipid preparation)</td>
<td>5mg/kg IV daily for 4-6 weeks, <strong>step down to voriconazole</strong> 200-400mg orally twice a day for a total of 12 months of therapy and until resolution of CSF abnormalities (may require lifelong azole therapy)</td>
<td>Fluconazole 800mg orally every day Fluconazole 400mg orally every day</td>
</tr>
<tr>
<td></td>
<td>Immunosuppressed: <a href="#">Amphotericin</a> (lipid preparation)</td>
<td>3-5mg/kg IV daily for 1-2 weeks or until improved; <strong>step down to itraconazole</strong> 200mg orally three times day for 3 days, then 200mg orally every day for as long as immunosuppression exists</td>
<td>Voriconazole 200mg twice a day</td>
</tr>
<tr>
<td><strong>Coccidioides immitis</strong></td>
<td>Mild non-meningeal disseminated: <a href="#">Itraconazole</a></td>
<td>200mg orally twice a day for 1 year and for 6 months after which no more clinical improvement is seen</td>
<td>Fluconazole 400mg orally every day</td>
</tr>
<tr>
<td></td>
<td>Rapidly progressive non-meningeal, or disseminated: <a href="#">Amphotericin</a> (lipid preparation)</td>
<td>5mg/kg IV daily for 4-6 weeks, <strong>step down to itraconazole</strong> 200mg orally twice a day for 1 year</td>
<td>Step down to fluconazole</td>
</tr>
<tr>
<td>Dissemination with CNS involvement:</td>
<td>Fluconazole</td>
<td>Intrathecal amphotericin or liposomal amphotericin IV without intrathecal if fluconazole is not effective; voriconazole; posaconazole</td>
<td></td>
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</tr>
<tr>
<td>Immunosuppressed:</td>
<td>Fluconazole</td>
<td>Intraconazole 200mg orally twice a day; lipidized or deoxycholate amphotericin</td>
<td></td>
</tr>
<tr>
<td>Meningoencephalitis, HIV positive:</td>
<td>Amphotericin + flucytosine</td>
<td>Induction: Amphotericin + fluconazole 800mg daily for 2 weeks then fluconazole 800 mg daily for 8 weeks; fluconazole 800-1,200mg daily + flucytosine for 6 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance: Itraconazole 200-400mg daily if intolerant to fluconazole</td>
<td></td>
</tr>
<tr>
<td>Meningoencephalitis HIV negative:</td>
<td>Amphotericin + flucytosine</td>
<td>Intraconazole 200-400mg daily if intolerant to fluconazole</td>
<td></td>
</tr>
<tr>
<td>Severe pulmonary or disseminated:</td>
<td>Amphotericin + flucytosine</td>
<td>Intraconazole 200-400mg daily if intolerant to fluconazole</td>
<td></td>
</tr>
<tr>
<td>Immunocompetent symptomatic disease:</td>
<td>Fluconazole</td>
<td>Intraconazole 200-400mg daily for 6-12 months</td>
<td></td>
</tr>
</tbody>
</table>

**Cryptococcus neoformans**

| Meningoencephalitis, HIV positive: | Amphotericin + flucytosine | Same treatment regimen as above; if flucytosine is not used—initial treatment with amphotericin for 6 weeks. Continue suppressive fluconazole for 6-12 months |
|                                    |                           | Intraconazole 200-400mg daily if intolerant to fluconazole |
| Meningoencephalitis HIV negative:  | Amphotericin + flucytosine | Same treatment regimen as above |
| Severe pulmonary or disseminated:  | Amphotericin + flucytosine | Same treatment regimen as above |
| Immunocompetent symptomatic disease: | Fluconazole | 200-400mg orally every day for 3-6 months |

- Amphotericin + flucytosine 0.7mg/kg/day amphotericin deoxycholate OR 3-6mg/kg/day amphotericin lipid formulation + 100mg/kg/day po flucytosine for 2 weeks, **step down to fluconazole** 400 mg/day for 8-10 weeks, **then fluconazole** 200mg/day for for 1-2 years
- CD4> 100 for 3 months
- Undetectable viral load
- Serum creatinine antigen negative
<table>
<thead>
<tr>
<th><strong>Histoplasma capsulatum</strong></th>
<th><strong>Acute PDH:</strong></th>
<th>Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, <strong>step down to itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive with continued immunosuppression)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amphotericin</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Itraconazole</strong></td>
<td>200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 weeks</td>
</tr>
<tr>
<td><strong>Subacute/chronic PDH:</strong></td>
<td>Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, <strong>step down to itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive)</td>
<td></td>
</tr>
<tr>
<td><strong>Itraconazole</strong></td>
<td>200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Immunosuppressed:</strong></td>
<td>Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, <strong>step down to itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive)</td>
<td></td>
</tr>
<tr>
<td><strong>Amphotericin</strong></td>
<td>200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Meningitis:</strong></td>
<td>Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, <strong>step down to itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive), except 4-6 weeks of amphotericin</td>
<td></td>
</tr>
<tr>
<td><strong>Amphotericin</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Paracoccidioides brasiliensis</strong></th>
<th><strong>All forms of disease</strong></th>
<th>200mg orally every day for 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Itraconazole</strong></td>
<td></td>
<td>Sulfonamide:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Trimethoprim/Sulfamethoxazole</strong> 80/400 mg OR 160/800 mg twice a day times a day for 12-24 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Sulfadiazine</strong> 4 g/day divided until response, then reduce dose by ½ for 3-5 years</td>
</tr>
</tbody>
</table>
| | | **Sulfamethoxypyridazine** or **sulfadimethoxine** 1-2g/day for 2-3
<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Disease Stage</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Sporothrix schenckii</em></td>
<td>Limited cutaneous disease</td>
<td><strong>Itraconazole</strong> 200mg orally twice a day for months</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
<td><strong>Amphotericin</strong> Lipid formulation 3-5mg/kg/d until improved, <em>step down to itraconazole</em> 200mg orally every day to twice a day for 1 year and CD4&gt;200 cells/mL for 1 year</td>
</tr>
<tr>
<td></td>
<td>Disseminated HIV/AIDS:</td>
<td><strong>Itraconazole</strong> 300mg orally twice a day for 6 months, then 200mg orally twice day</td>
</tr>
<tr>
<td><em>Penicillium marneffei</em></td>
<td></td>
<td><strong>Amphotericin</strong> 0.6mg/kg/day for 2 weeks, <em>step down to itraconazole</em> 200mg orally twice a day for 10 weeks, then 200mg orally every day for secondary prophylaxis</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Itraconazole</strong> 200mg orally three times a day for 3 days, then 200mg orally twice a day for 10-12 weeks, then 200mg orally every day for secondary prophylaxis</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Voriconazole</strong> 200mg twice a day</td>
</tr>
</tbody>
</table>

AIDS, acquired immunodeficiency syndrome; CD, cluster of differentiation; CSF, cerebrospinal fluid; CNS, central nervous system; HIV, human immunodeficiency virus; IV, intravenously; PDH, progressive disseminated histoplasmosis.