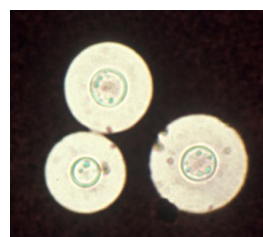
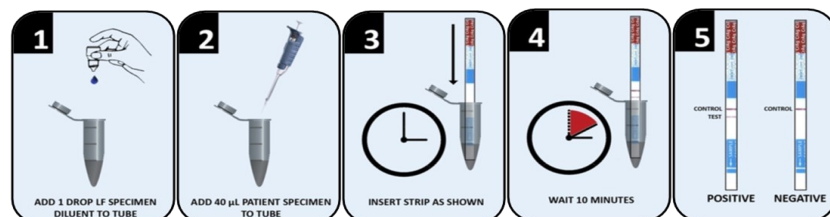


Cryptococcal Meningitis

Tests:

- India Ink (II)
 - 60-80% sensitive, so avoid using as a stand-alone test.
- Cryptococcal Antigen (CrAg) Lateral Flow Assay (LFA)
 - as per WHO guidance
 - 99% sensitive, 99% specific
- Fungal Culture – Current gold standard

IMMY CrAg LFA test

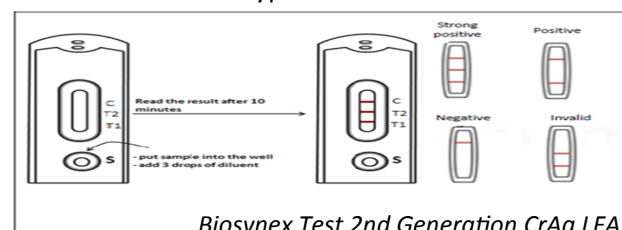


II stain *Cryptococcus*



Fungal culture *Cryptococcus*
(Sabouraud Agar Media)

IMMUNOQUICK CryptoPS



Biosynex Test 2nd Generation CrAg LFA

Induction Treatment

Depending on local availability of flucytosine (5FC) and of safe administration of amphotericin B deoxycholate (AmB)

- ♦ 1/52 AmB (1mg/kg/day) + 5-FC (100mg/kg/day) - **Gold standard for LMICs**
- ♦ Alternative: 2/52 Fluconazole (1200mg/day) + 5-FC (100mg/kg/day)
- ♦ 3rd line: 2/52 AmB (1mg/kg/day) + Fluconazole 1200mg daily

ACTA Trial N Engl J Med 2018;378:1004-17
WHO 2018 Guidance

Induction

2 weeks

Induction treatment
regimens as above

Consolidation

8 weeks

Fluconazole (800 mg/day)

Maintenance

Fluconazole (200 mg/day)

If HIV viral load monitoring is available: The person is stable on and adherent to ART and antifungal maintenance treatment for at least one year and has a CD4 cell count ≥ 100 cells/mm³ and a fully suppressed viral load. If HIV viral load monitoring is not available: The person is stable on and adherent to ART and antifungal maintenance treatment for at least one year and has a CD4 cell count ≥ 200 cells/mm³.

Management of raised intracranial pressure (ICP)

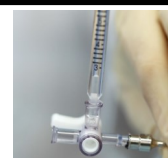
Measure CSF (Cerebrospinal Fluid) Opening Pressure (OP) at baseline using a manometer

If possible perform a computerised tomography (CT) or magnetic resonance imaging (MRI) brain scan, if reduced Glasgow Coma Scale (GCS <10) or focal neurological deficit/cranial nerve abnormality (e.g. VIth nerve palsy).
The use of mannitol and acetazolamide is not indicated for the treatment of raised ICP related to cryptococcal meningitis.

If CSF OP ≥ 25 cm H₂O, perform therapeutic lumbar puncture

Reduce OP by 50% if OP very high (≥ 25 cm H₂O) or to a normal pressure of ≤ 20 cm H₂O.
Repeat LP daily until CSF pressure normalised & symptoms stabilised for >2 days.

Remove a maximum volume of 30mL CSF at any therapeutic lumbar puncture (LP).
Check CSF pressure after every 10mL CSF removed.



IDSA Guidelines 2010

Timing of Antiretroviral Therapy (ART)

Start ART from 4 weeks onward from time of diagnosis/initial treatment of cryptococcal meningitis for ART naive patients.

Restart or switch ART from 4 weeks onward from time of diagnosis/initial treatment of cryptococcal meningitis for ART experienced patients who are non adherent to or failing their ART regimen.

Please note, start ART at 2-3 weeks for cryptococcal antigen (CrAg) positive patients if no evidence of meningitis.

IDSA Guidelines 2010, WHO 2018 Guidance

