

Outbreaks of hospital acquired infection have been reported especially in relation to recent building work. Prophylactic antifungal agents such as caspofungin, posaconazole, and voriconazole, early diagnosis and institution of treatment using intravenous lipid formulation of amphotericin B known as liposomal amphotericin B complexes or AmBisome, together with reduction in corticosteroid and cytotoxic therapy, improve prognosis.

Protozoan infections in compromised hosts

Cryptosporidium is a protozoan parasite that causes human disease, it causes significant but self limiting diarrhoea in healthy people, but severe and chronic diarrhea in severely immunocompromised individuals, eg. with advanced HIV infection. Combined antiretroviral therapy in individuals with AIDS infected with cryptosporidium improves diarrhoea symptoms. Paromycin reduces oocyst output but does not clear infection. Nitazoxanide is effective in HIV negative patients but is only partially active in those co-infected with HIV. Cystispora belli is another protozoan parasite that produces severe diarrhoea in people with AIDS. Cystispora belli responds to co-trimoxazole cyclospora cayentanensis responds to co-trimoxazole and partially responds to ciprofloxacin. Infections with microsporidia also cause diarrhea in people with AIDS and other immunocompromised patients. Enterocytozoon bieneusi is the most common cause, although encephalitozoon intestinalis also occurs. Albendazole treatment is effective against encephalitozoon intestinalis but not Enterocytozoon bieneusi. Where feasible, immune reconstitution is the mainstay of treatment.

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