

HLH INFECTION PREVENTION AND SURVEILLANCE GUIDELINES

(Updated October 2024)

Intensive HLH therapy* that may carry high risk for secondary infection includes:

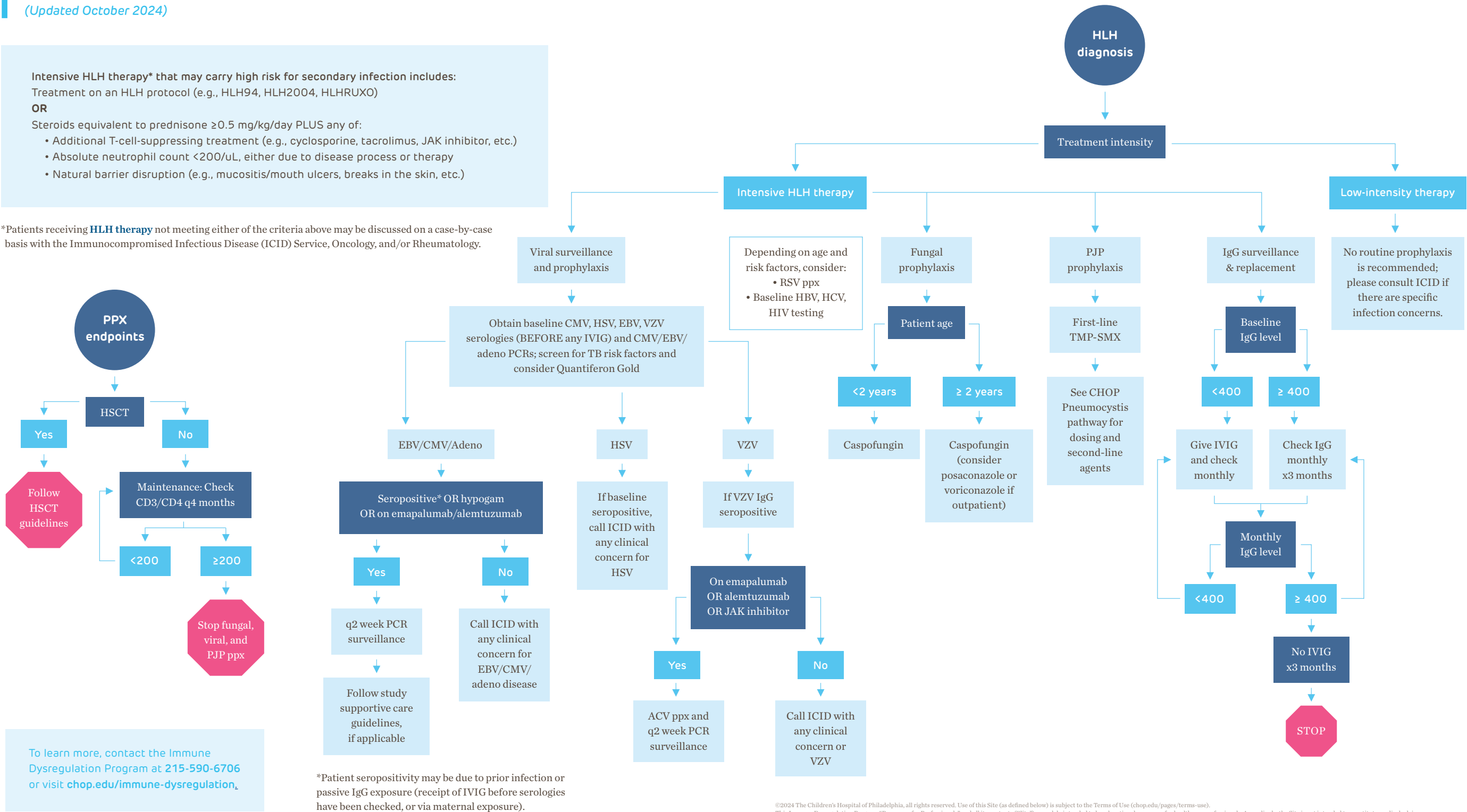
Treatment on an HLH protocol (e.g., HLH94, HLH2004, HLHRUXO)

OR

Steroids equivalent to prednisone ≥ 0.5 mg/kg/day PLUS any of:

- Additional T-cell-suppressing treatment (e.g., cyclosporine, tacrolimus, JAK inhibitor, etc.)
- Absolute neutrophil count $<200/\mu\text{L}$, either due to disease process or therapy
- Natural barrier disruption (e.g., mucositis/mouth ulcers, breaks in the skin, etc.)

*Patients receiving **HLH therapy** not meeting either of the criteria above may be discussed on a case-by-case basis with the Immunocompromised Infectious Disease (ICID) Service, Oncology, and/or Rheumatology.



To learn more, contact the Immune Dysregulation Program at 215-590-6706 or visit chop.edu/immune-dysregulation.

*Patient seropositivity may be due to prior infection or passive IgG exposure (receipt of IVIG before serologies have been checked, or via maternal exposure).

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