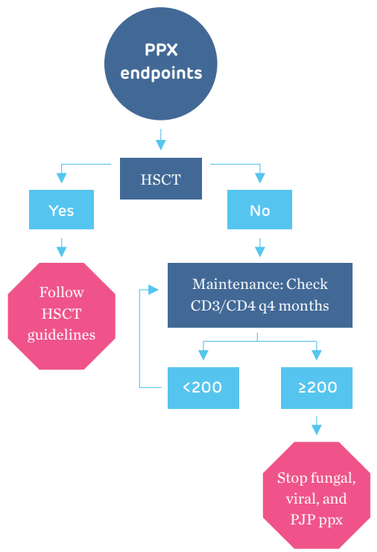
HLH INFECTION PREVENTION AND SURVEILLANCE GUIDELINES

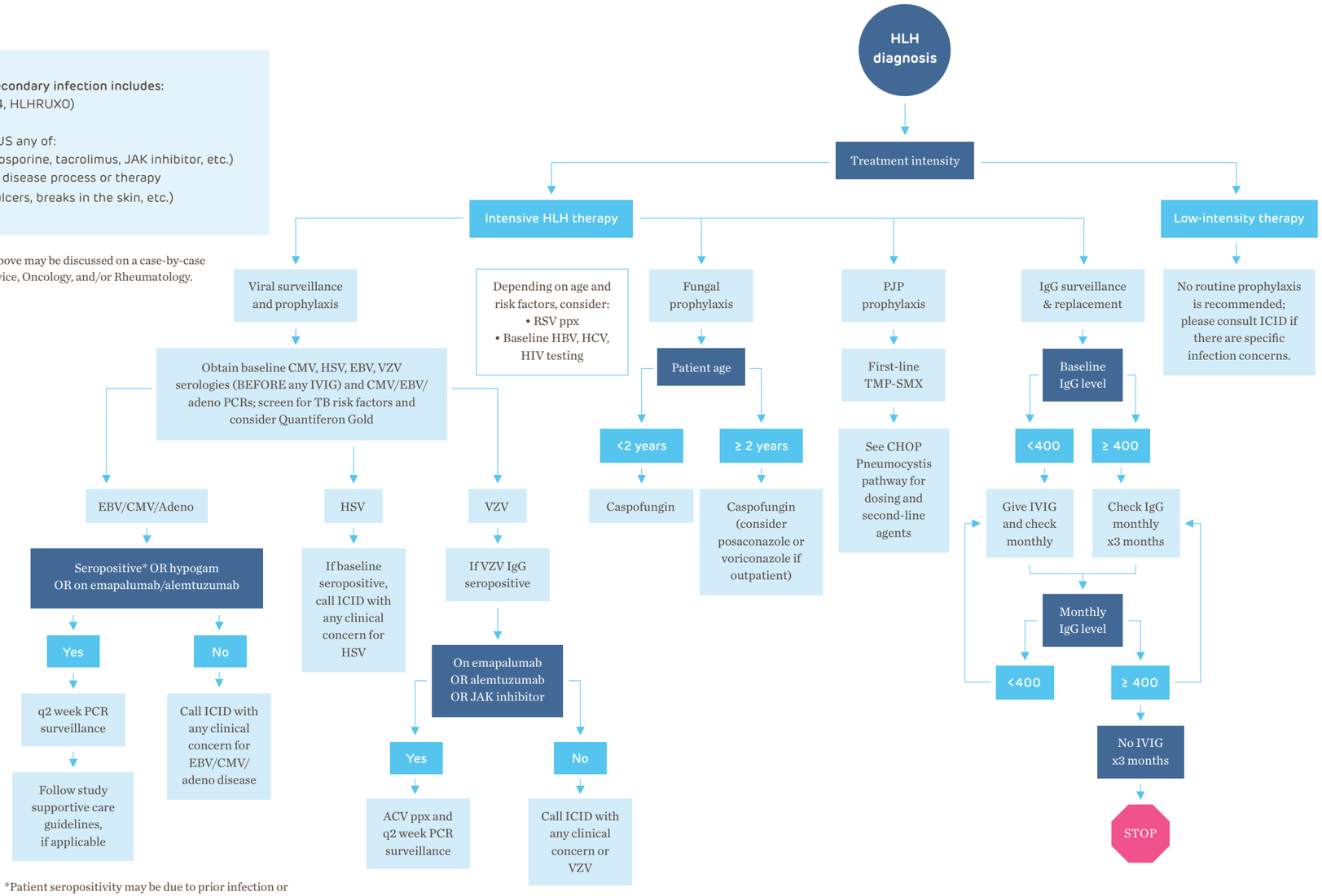
(Updated October 2024)

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/uL, 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.





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

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

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