major risk factors for acquisition of *B. henselae* are contact with cats infested with fleas and receiving cat scratches. Immunocompromised individuals should consider the potential risks of cat ownership **(AIII).** People with HIV who want cats should acquire animals that are older than 1 year of age and in good health **(BII).** Cats should be acquired from a known environment, have a documented health history, and be free of fleas. Stray cats and cats with flea infestation should be avoided. Declawing is not advised, but individuals with HIV should avoid rough play with cats and situations in which scratches are likely **(AII).** People with HIV should avoid contact with flea feces (i.e., flea dirt), and any cat-associated wound should be washed promptly with soap and water **(BIII).** Care of cats should include a comprehensive, ongoing flea-control program under the supervision of a veterinarian **(BIII).** No evidence indicates any benefits to cats or their owners from routine culture or serologic testing of the pet for *Bartonella* infection or from antibiotic treatment of healthy, serologically positive cats **(BII).** The major risk factor for *B. quintana* infection is body lice infestation. People with HIV who are experiencing homelessness or are in marginal housing should be informed that body louse infestation can be associated with serious illness and should be provided with appropriate measures to eradicate body lice, if present **(AII).** Regardless of CD4 count, people with both HIV and solid organ transplantation may be at risk of developing more severe *Bartonella* infections, similar to transplant recipients without HIV.[15]

Preventing Disease

Primary chemoprophylaxis for *Bartonella*-associated disease is not recommended **(BIII).** However, note that in a retrospective case-control study, use of a macrolide (such as for *Mycobacterium avium* complex prophylaxis) was protective against developing *Bartonella* infection.[2]

Treating Disease

Recommendations for Treating *Bartonella* Infections
Preferred Therapy
For Cat Scratch Disease, Bacillary Angiomatosis, Peliosis Hepatis, Bacteremia, and Osteomyelitis
o Doxycycline 100 mg PO or IV every 12 hours (AII), *or*
o Erythromycin 500 mg PO or IV every 6 hours (AII)
For Infections Involving the CNS
o Doxycycline 100 mg PO or IV every 12 hours +/– rifampin 300 mg PO or IV every 12 hours (AIII)
For Confirmed Bartonella Endocarditis
o (Doxycycline 100 mg IV every 12 hours + rifampin 300 mg IV or PO every 12 hours) for 6 weeks, then continue with doxycycline 100 mg IV or PO every 12 hours for ≥3 months (BII), *or*
For Other Severe Infections (Multifocal Disease or with Clinical Decompensation)
o Doxycycline 100 mg PO or IV every 12 hours + rifampin 300 mg PO or IV every 12 hours (BIII), *or*
o Erythromycin 500 mg PO or IV every 6 hours + rifampin 300 mg PO or IV every 12 hours (BIII)
Note: IV therapy may be needed initially (AIII).
Alternative Therapy
For Confirmed Bartonella Endocarditis