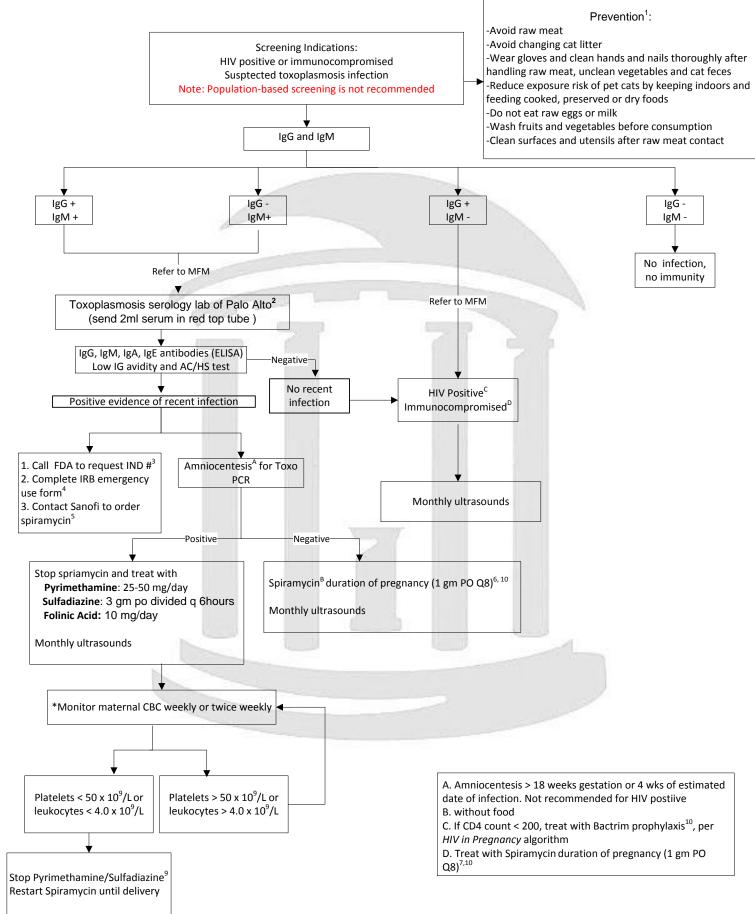


TOXOPLASMOSIS



Toxoplasmosis References

- 1. Parquet RM, Yudin MH. Toxoplasmosis in pregnancy: Prevention, Screening, and Treatment. J Obstet Gynecol Can 2013;35 (1esuppl A):S1-S7 Information on prevention of Toxoplasma gondii infection in pregnancy should be made available to all women who are pregnant or planning to get pregnant (III-c) (Recommendations adapted from SOGC Clinical Practice Guidelines)
- Toxoplasmosis Serology Lab of Palo Alto (650-853-4828 or email: toxolab@pamf.org) A positive or equivocal IGM must be confirmed by the Toxoplasmosis Reference Lab in Palo Alto to determine if the infection is recent or distant past prior to obtaining Spiramycin for compassionate use. To order in EPIC: Referral lab test other (Lab 5744) Comment: Palo Alto Confirmatory Toxo Testing
- Call FDA 301-796-1400 to request IND # Complete forms: FDA 1571 (Investigational New Drug Application) FDA 1572 (Statement of Investigator) HFD- 520 (Emergency or Single Patient IND Request) (Will need name and address of UNC IRB and curriculum vitae to send with forms)
- 4. Complete IRB Emergency Use Form within 5 days
- Complete Sanofi order (1-800-633-1610) for Spiramycin 1 gram Q 8hr Will need IND # from FDA and send copies of: Medical license FDA letter with IND # Copy of IRB approval letter Completed drug shipment information form Results of lab tests Signed agreement with Sanofi
- 6. Montoya JG, Remington JS. Management of toxoplasma gondii infection during pregnancy. Clin Lab Med 2008; 47(4):554-566
- 7. Feldman DM, Timms D, Borgida D. Toxoplasmosis, Parvovirus, and Cytomegalovirus in Pregnancy. Clin Lab Med 2010; 30:709-72
- 8. ACOG Practice Bulletin Number 151, June 2015 Cytomegalovirus, Parvovirus B19, Varicella Zoster, and Toxoplasmosis in Pregnancy
- 9. Hampton MM. Congenital Toxoplasmosis: A Review. Neonat Netw 2015; 34(5): 274-278
- 10. Maldonado YA, Read JS. AAP Committee on Infectious Diseases. Diagnosis, treatment, and prevention of congenital toxoplasmosis in the United States. Pediatrics 2017;139(2):e20163860

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Notice to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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