

TOXOPLASMOSIS

Prevention¹:

- Avoid raw meat
- Avoid changing cat litter
- Wear gloves and clean hands and nails thoroughly after handling raw meat, unclean vegetables and cat feces
- Reduce exposure risk of pet cats by keeping indoors and feeding cooked, preserved or dry foods
- Do not eat raw eggs or milk
- Wash fruits and vegetables before consumption
- Clean surfaces and utensils after raw meat contact

Screening Indications:
 HIV positive or immunocompromised
 Suspected toxoplasmosis infection
Note: Population-based screening is not recommended

IgG and IgM



Refer to MFM

Refer to MFM

Toxoplasmosis serology lab of Palo Alto²
 (send 2ml serum in red top tube)

IgG, IgM, IgA, IgE antibodies (ELISA)
 Low IG avidity and AC/HS test

Negative

Positive evidence of recent infection

No recent infection

HIV Positive^C
 Immunocompromised^D

No infection,
 no immunity

1. Call FDA to request IND #³
2. Complete IRB emergency use form⁴
3. Contact Sanofi to order spiramycin⁵

Amniocentesis^A for Toxo PCR

Monthly ultrasounds

Positive

Negative

Stop spiramycin and treat with
Pyrimethamine: 25-50 mg/day
Sulfadiazine: 3 gm po divided q 6hours
Folinic Acid: 10 mg/day

Spiramycin^B duration of pregnancy (1 gm PO Q8)^{6,10}
 Monthly ultrasounds

Monthly ultrasounds

*Monitor maternal CBC weekly or twice weekly

Platelets < 50 x 10⁹/L or
 leukocytes < 4.0 x 10⁹/L

Platelets > 50 x 10⁹/L or
 leukocytes > 4.0 x 10⁹/L

Stop Pyrimethamine/Sulfadiazine⁹
 Restart Spiramycin until delivery

A. Amniocentesis > 18 weeks gestation or 4 wks of estimated date of infection. Not recommended for HIV positive
 B. without food
 C. If CD4 count < 200, treat with Bactrim prophylaxis¹⁰, per HIV in Pregnancy algorithm
 D. Treat with Spiramycin duration of pregnancy (1 gm PO Q8)^{7,10}

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)
2. 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*
3. 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
5. 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

Revised April 2017 JG

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.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school. www.mombaby.org