

Freedom of Information Act 2000 - Request Reference Fol/21/317

Toxoplasmosis Prophylaxis

Request Details

I would like to know what University Hospital of Wales protocol was in May 2014 in relation to providing prophylaxis for prevention of Toxoplasmosis reactivation following a haematopoietic stem cell transplant (HSCT) in an IgG positive adolescent patient.

I would also like to know if this protocol has been changed since May 2014, if it has, what is the new protocol and what was the date the new protocol introduced?

Response Details

All allogeneic patients receive prophylaxis with co-trimoxazole for a minimum of 6 months following haematopoietic cell transplantation, providing the CD3 count has recovered to at least $200 \times 10^6/L$ at that time. If at the 6-month assessment the CD3 count is still less than 200, prophylaxis is continued indefinitely until the CD3 count recovers to the required level.

The above strategy is geared at prophylaxis against Pneumocystis jirovecii Pneumonia, PJP (Previously called Pneumocystis carinii Pneumonia, PCP) but will also be effective prophylaxis against toxoplasmosis.

Note that co-trimoxazole suppresses the bone marrow and when that happens has to be substituted with other medication. Whilst there are alternatives that are effective against PJP, the same is not true for toxoplasmosis.

The above recommendations are summarised in Tomblyn et al (2009), Guidelines for Preventing Infectious Complications among Hematopoietic Cell Transplantation Recipients: A Global Perspective. Biology of Blood and Marrow Transplantation 15:1143-1238. This was the strategy in effect in 1999 and has remained unchanged since.