Table II. Treatment regimens for toxoplasmosis during pregnancy and congenitally infected children

During Pregnancy		Fetal/Newborn infection
Treatment regimen/dosages	**Indications/comments**	**Comments/dosages**
Spiramycin (oral) Dose: 1 gram (3 million units) every 8 hours (for a total of 3 grams or 9 million units per day)	In pregnant women suspected or confirmed of having acquired their primary infection < 18 weeks of gestation in an attempt to prevent vertical transmission. Spiramycin is not teratogenic and it is available in the United States only through the Investigational New Drug (IND) process at the Food and Drug Administration [FDA, (301) 796-1600] but prior consultation with medical consultants at PAMF-TSL is advised.*	Spiramycin should be administered until delivery even in women in whom fetal infection was not confirmed (e.g. negative amniotic fluid PCR tests, negative follow up ultrasounds) for the concern that the parasite could have infected the placenta and be transmitted to the fetus later in gestation. Spiramycin could be switched to pyrimethamine/sulfadiazine/folinic acid in pregnant women in whom fetal infection has been confirmed (e.g. positive amniotic fluid PCR) or is highly suspected (e.g. positive fetal ultrasound suggestive of or congenital toxoplasmosis) since spiramycin does not treat fetal infection.
Pyrimethamine (oral) plus sulfadiazine (oral) plus folinic acid** (oral) Dosages: Pyrimethamine: 50 mg every 12 hours for 2 days followed by 50 mg daily Sulfadiazine: 75 mg/kg (first dose) followed by 50 mg/kg every 12 hours (maximum 4 grams/day) Folinic acid** (leucovorin): 10-20 mg daily (during and for 1 wk after pyrimethamine therapy	In pregnant women suspected or confirmed of having acquired their infection ≥ 18 weeks of gestation and/or those with positive amniotic fluid PCR test and/or those with an abnormal ultrasound suggestive of congenital toxoplasmosis. Pyrimethamine is teratogenic and should not be used during pregnancy before week 18 (in some centers in Europe it is used as early as week 14). Sulfadiazine should not be used alone.	Newborn infection (treatment regimen is usually recommended for one year): Pyrimethamine: 1 mg/kg every 12 hours for 2 days; followed by 1 mg/kg per day for 2 or 6 months; followed by 1 mg/kg per day every Monday, Wednesday, Friday Sulfadazine: 50 mg/kg every 12 hr Folinic acid** (leucovorin): 10 mg three times weekly Prednisone (if CSF > 1g/dL or severe chorioretinitis): 0.5 mg/kg every 12 hr (until CSF < 1g/dL or resolution of severe chorioretinitis) Older Children with active disease (usually 1-2 weeks beyond resolution of clinical manifestations): Pyrimethamine: 1 mg/kg every 12 hours (maximum 50 mg) for 2 days; followed by 1 mg/kg per day (maximum 25 mg) Sulfadiazine: 75 mg/kg (first dose) followed by 50 mg/kg every 12 hr Folinic acid** (leucovorin): 10-20 mg three times weekly Prednisone (severe chorioretinitis): 1 mg/kg/d, divided bid, maximum 40 mg/d, rapid taper

*****Palo Alto Medical Foundation Toxoplasma Serology Laboratory, PAMF-TSL; Palo Alto, CA; www.pamf.org/serology/; +1-650-853-4828; toxolab@pamf.org or U.S. (Chicago) National Collaborative Treatment Trial Study (NCCTS), telephone number (773) 834-4152

**Folic acid should not be used as a substitute for folinic acid.