Standard Operating Procedure

Cerebral Toxoplasmosis in HIV patients

Special Region 1

Union of Myanmar

Version 1.0

Effective date: 4th March 2026

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Approved by: Internal medicine unit/Dr Jennifer

1. Purpose

To establish a standardised and safe protocol for the evaluation and treatment of cerebral toxoplasmosis in WHO Stage 4 retroviral infection (RVI) patients

2. Scope

Applies to all medical doctors, nursing, and pharmacy staff involved in the care of cerebral toxoplasmosis in WHO Stage 4 retroviral infection (RVI) patients in the Emergency Department, Radiology Department, Medical Unit and Intensive Care Unit

3. Initial Assessment and Diagnosis

Clinical assessment
Headache
Seizures
Focal neurological deficits
Cranial nerve palsy

Neuroimaging (CT/ MRI)
Multiple ring-enhancing lesions with associated perilesional oedema especially in predilection sites of basal ganglia and corticomedullary junction

Serology
Serum IgG for toxoplasma gondii

CD4 count
<100 cells/mm3

4. Pharmacological management

Regimen	Medication	Dosage		Duration
Preferred regimen		</= 60kg	>60kg	
	Pyrimethamine + Sulfadiazine + Leucovorin	200mg loading dose f/by 50mg OD 1000mg QID 10-25mg OD	200mg loading dose f/by 75mg OD 1500mg QID 10-25mg OD	6 weeks
Alternative regimen		</= 60kg	>60kg	
	Pyrimethamine + Clindamycin	Mentioned above 600mg QID (PO/IV)	Mentioned above 600mg QID (PO/IV)	6 weeks
	Trimethoprim + Sulamethoxazole	5mg/kg BD (PO/IV) 25mg/kg BD (IV/PO)	5mg/kg BD (PO/IV) 25mg/kg BD (IV/PO)	6 weeks
	Atovaquone + Pyrimethamine	1500 mg BD Mentioned above	1500 mg BD Mentioned above	6 weeks
	Atovaquone + Sulfadiazine	Mentioned above	Mentioned above	6 weeks

a. Adjunctive management

Corticosteroids – dexamethasone

Only useful in mass effect or midline shift on imaging

Discontinue as soon as clinically feasible

b. ART timing

2-3 weeks after starting toxoplasmosis treatment

5. Monitoring and Response

Response	
Clinical	Within 7-14 days
Radiological	Repeat imaging after 2 weeks to confirm decrease in lesion size and oedema

6. Maintenance therapy (Secondary Prophylaxis)

Regimen	Medication	Dosage	Duration
Preferred regimen	Pyrimethamine + Sulfadiazine + Leucovorin	25-50mg OD 2000-4000mg OD 10-25 OD	Upto asymptomatic for at least 6 months AND CD4 count >200 cells/mm3 for more than six months in response to ART
Alternative regimen	Trimethoprim + Sulfamethoxazole	960mg OD	Up to asymptomatic for at least 6 months AND CD4 count >200 cells/mm3 for more than six months in response to ART
	Atovaquone + Pyrimethamine	750-1500mg BD 25mg OD	Up to asymptomatic for at least 6 months AND CD4 count >200 cells/mm3 for more than six months in response to ART
	Atovaquone +	750-1500mg BD	Up to asymptomatic for at least 6 months AND CD4

	Sulfadiazine	+ 2000-4000mg OD	count >200 cells/mm3 for more than six months in response to ART