

Zoonotic & Parasitic Treatment Guidance



This guidance includes **unlicensed agents** for the treatment of specific indications in adults which should only be initiated on specialist advice from Infectious Diseases or Microbiology consultants. Licensed agents may be prescribed by non-ID specialists including GPs once a diagnosis is made (usually requires laboratory results but see Lyme advice).
If a **licensed** preparation is available then it is highlighted in the list as the preferred treatment option

PROTOZOAN INFECTIONS	
MALARIA	See NHS Tayside Guidance on Management of Malaria. Click here
LEISHMANIASIS	Cutaneous: Ambisome IV 3mg/kg/day for 6 days 2 nd line Miltefosine* 2.5mg/kg/day (max 150mg) for 28 days (<i>contra indicated in pregnant patients. Contraception use for 3 months once treatment has finished is mandatory for women of child bearing age.</i>) Visceral: Ambisome IV 3mg/kg/day on days 1-5, 14 and 21. (<i>licensed</i>)
CRYPTOSPORIDIOSIS	1 st line Rifaxamin 400mg PO bd 10-14days (<i>licensed drug but off label</i>) 2 nd line Nitazoxanide 500mg PO bd 3 days <i>NB. In immunocompetent patients it is usually self-limiting and so no therapy required.</i>

VIRAL INFECTIONS	
RABIES	See PHE guidance: Rabies: risk assessment, post-exposure treatment, and management. For advice on supply of vaccine and immunoglobulin (both available within Ninewells): 9.00am – 5.00pm Mon - Fri - Contact ID team via bleep 5075 or via tay.id@nhs.scot

BACTERIAL INFECTIONS	
LYME DISEASE	See NHS Tayside guidance on Lyme Disease. Click here.

HELMINTH INFECTIONS	
SCHISTOSOMIASIS	See NHS Tayside guidance on Schistosomiasis.
INTESTINAL HOOKWORM INTESTINAL ROUNDWORM	1 st line: Mebendazole 100mg PO bd 3 days 2 nd line: Albendazole 400mg PO stat dose* 3 rd line: Ivermectin 200micrograms/kg PO daily 1-2 days (to nearest 3mg)
CUTANEOUS LARVA MIGRANS	1 st line: Ivermectin 200micrograms/kg PO daily 1-2 days (to nearest 3mg) 2 nd line: Mebendazole 100mg PO tds 7 days
TAPEWORM	Praziquantel 5-10mg/kg PO stat dose
UNCOMPLICATED STRONGYLOIDIASIS	1 st line: Ivermectin 200micrograms/kg PO daily 2 days (to nearest 3mg) 2 nd Line: Albendazole 400mg bd orally for 7 days* <i>(Hyper-infection and disseminated disease need prolonged treatment along with antibiotic review in immunocompromised)</i>
GIARDIASIS	1 st line: Metronidazole 400mg PO tds 5 days 2 nd line: Mebendazole 200mg PO tds daily 3 rd line: Albendazole 400mg PO qds 5 days*
ENTAMOEBA HISTOLYTICA	Metronidazole 800mg PO tds 5-10 days Followed by: Paramomycin 25-30mg/kg PO in 3 divided doses 7-10 days* OR Diloxanide 500mg PO tds 10 days*

*Not routinely stocked in hospital pharmacy. Contact pharmacist on bleep 4732 to arrange supply.

References: 1. Travax 2. BNF 84 Sept 2022 3. PHE www.gov.uk
4. BMJ Best Practice Guidance Leishmaniasis Nov 2022 5. Diagnosis and Treatment of Leishmaniasis. IDSA 2016

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