

Prevention of toxoplasmosis in transplant patients: a European survey

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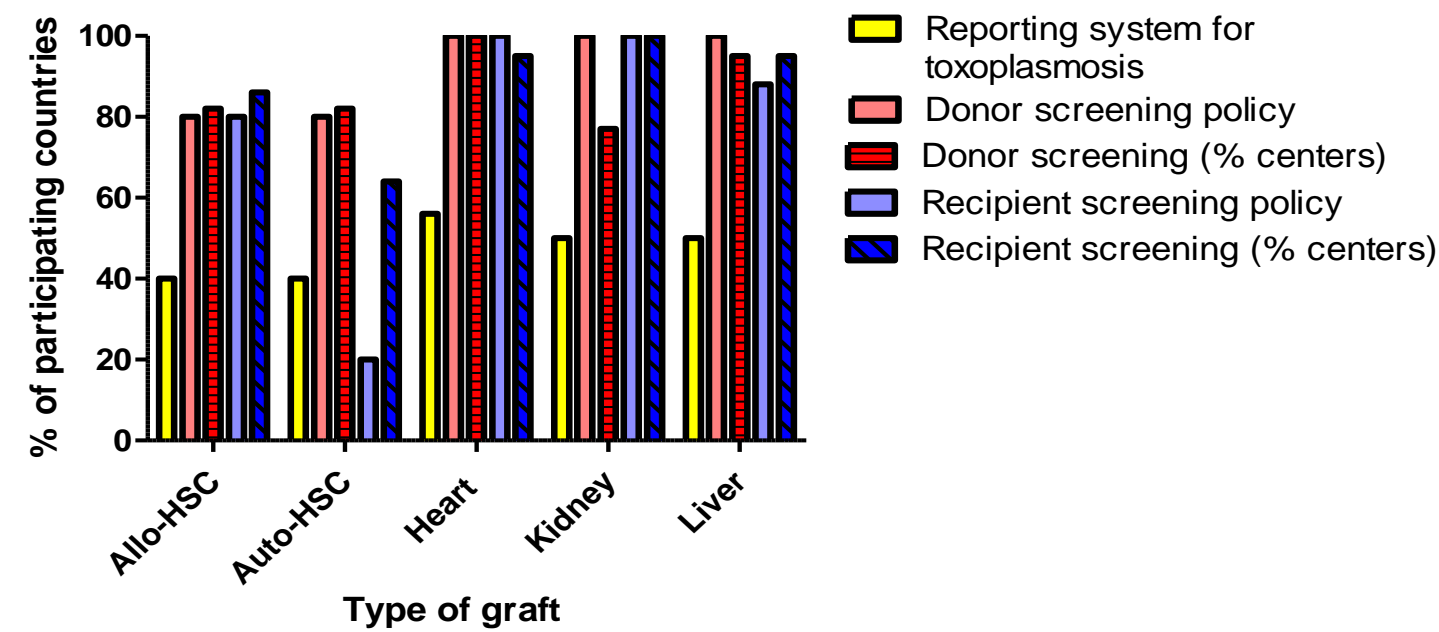
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Background: Toxoplasmosis is a life-threatening disease in immunocompromised patients. Its prevention is well-codified in HIV-infected patients, but guidelines in transplant patients differ according to regulations and health care policies of countries. This study aimed to review prevention practices in Europe for hematopoietic stem cell (HSC) or solid organ transplant (SOT) patients.

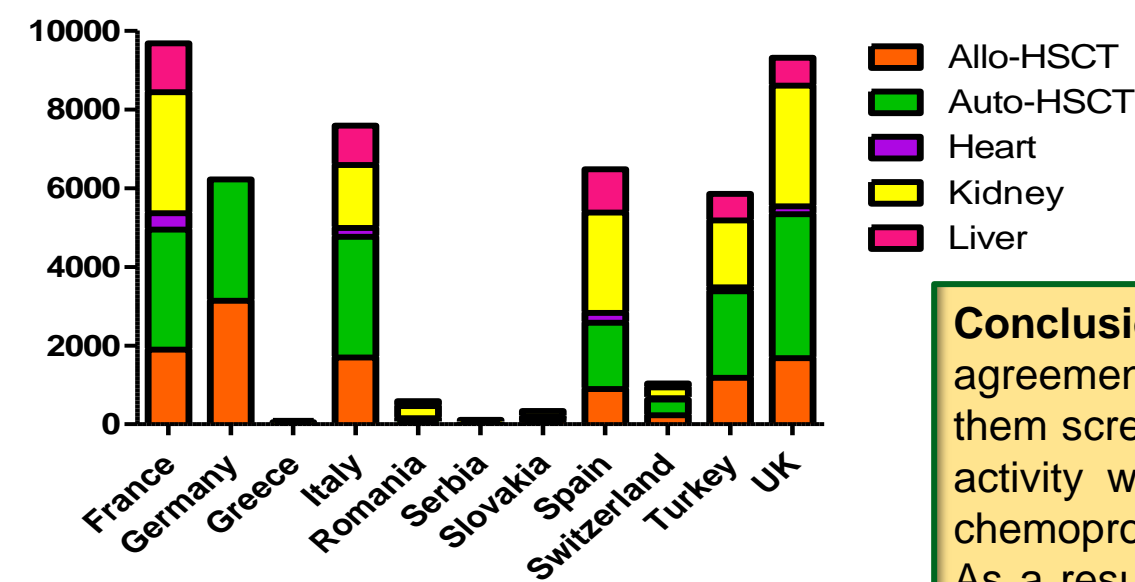
Methods: A survey was conducted through the ESGCP and the ESGICH study groups. Participants were asked to answer a questionnaire collecting the following items: annual number of transplantations, implementation of a national prevention program with serologic screening of donors and recipients (HSC, heart, kidney, liver transplant recipients), chemoprophylaxis and scheme, if any, special guidelines in case of mismatch (organ from *Toxoplasma*-seropositive donor to seronegative recipient).

37 centres from 11 countries (France, Germany, Greece, Italy, Romania, Serbia, Slovakia, Spain, Switzerland, Turkey, United Kingdom) participated to the survey

Policy measures



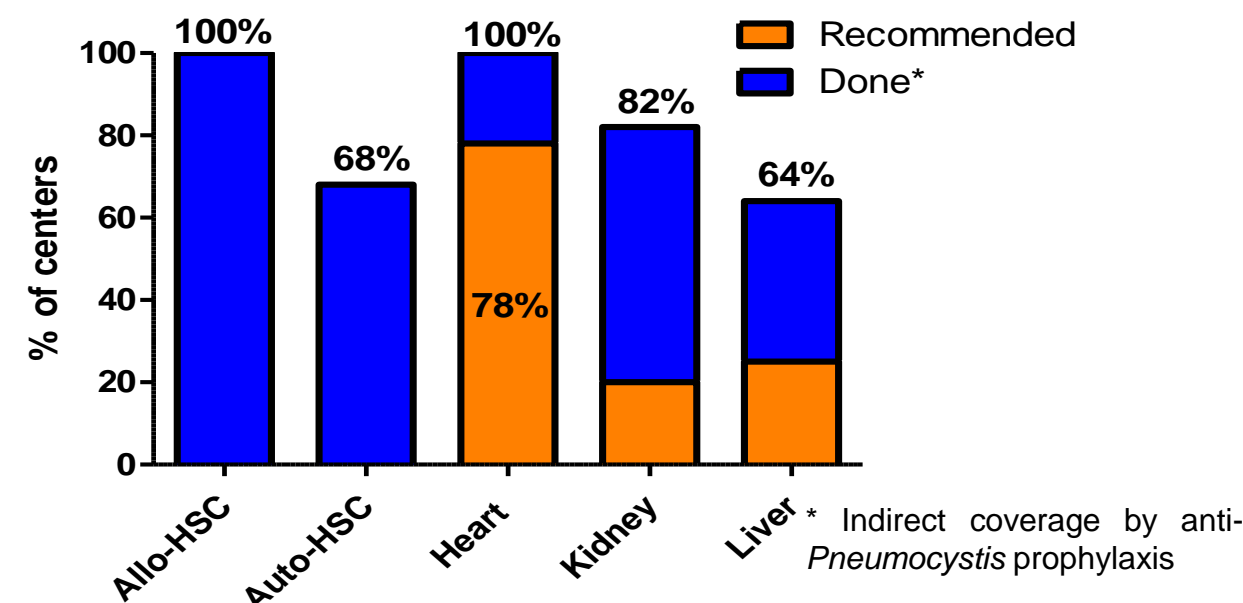
Annual transplantation activity



6 countries with a high activity

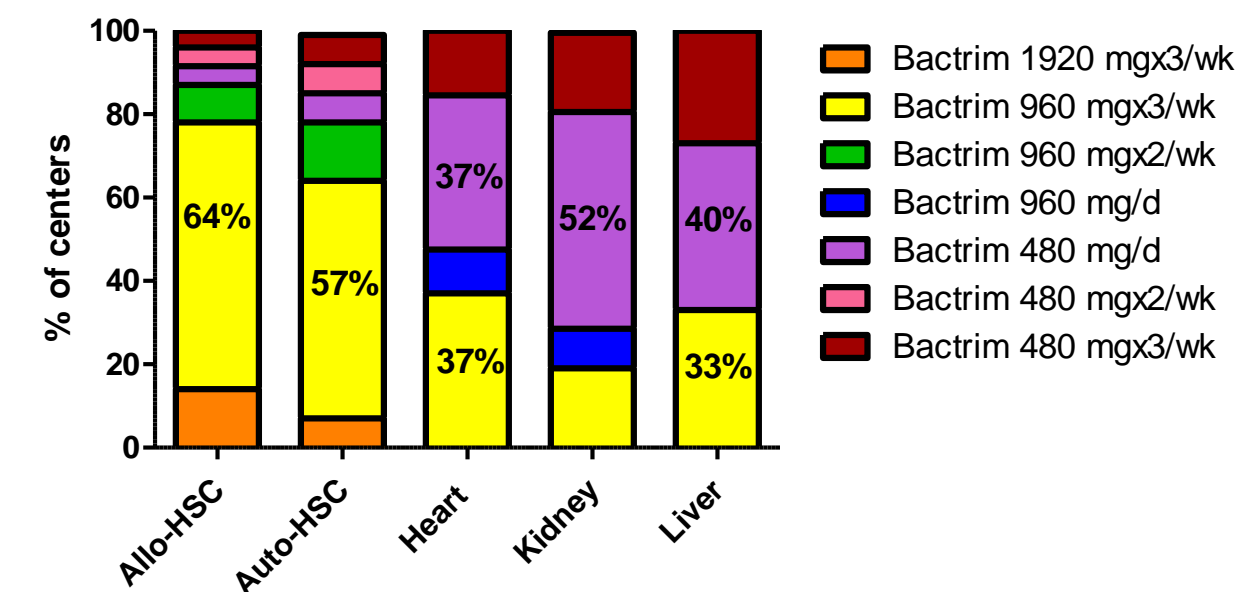
Targeted prophylaxis against toxoplasmosis in case of *Toxoplasma* mismatch is not the rule, but is done in 78% of heart TP. Overall, 100% of allo-HSCT patients and heart transplant patients benefit from cotrimoxazole prophylaxis, but the coverage of other patients is lower

Chemoprophylaxis



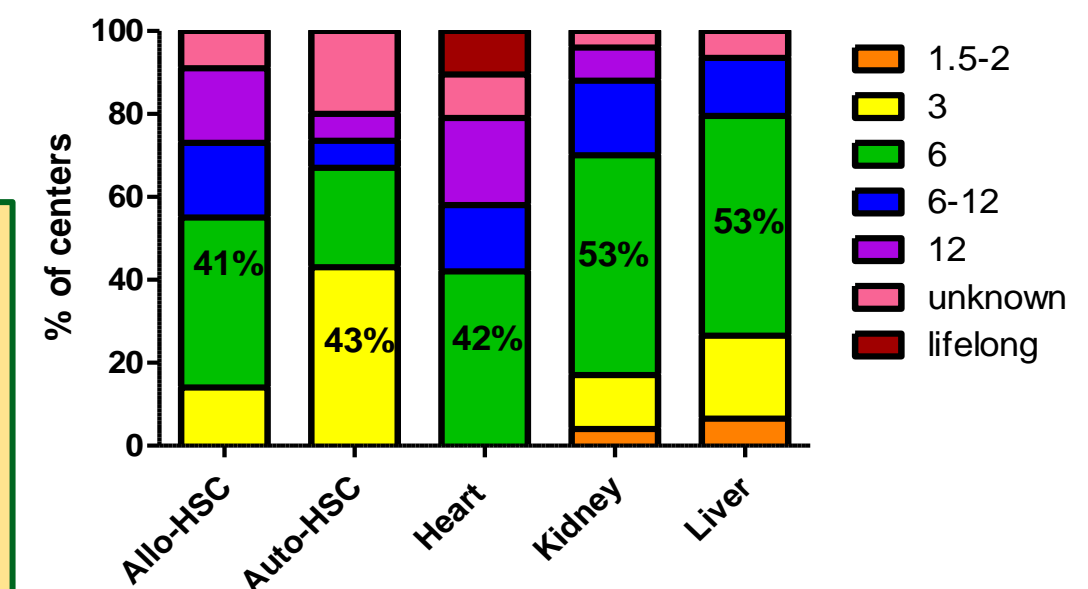
Conclusions: All countries appear to perform serologic screening of organ donors and recipient, in agreement with Scientific Societies guidelines, whatever official screening policies, but only about 80% of them screen HSC donors. The 2 countries who don't screen HSC donors have a very low transplantation activity which has started quite recently. The level of transplantation activity does not influence the chemoprophylaxis habits, nor does the seroprevalence of toxoplasmosis in the countries. As a result of consensual anti-*Pneumocystis* prophylaxis, most patients receive cotrimoxazole, thus are protected against toxoplasmosis, except in case of intolerance, when pentamidin aerosols are used. European guidelines could be proposed to homogenize prophylactic regimens and simplify patient management.

Prophylaxis scheme



The preferred scheme varies according to the type of graft

Duration (months)



In most cases, the duration of prophylaxis is at least 6 months, except in auto-HSCT patients