Table I. Treatment regimens for patients with acute toxoplasmosis[1] and ocular disease[1]

Treatment is indicated for patients with the acute infection particularly in the setting of myocarditis, myositis, hepatitis, pneumonia, brain abscesses or skin lesions. In addition, it is indicated in patients with lymphadenopathy, if accompanied by severe or persisting symptoms. **In patients with ocular disease treatment is indicated for those with active chorioretinitis[2] (either as a result of a concomitant acute infection or reactivation of chronic infection).**	
Pyrimethamine (PO): [3]Folinic acid (PO): *plus* Sulfadiazine (PO): *or* Clindamycin (PO or IV) *or* Atovaquone (PO)	50 mg every 12 hours for 2 days followed by 25 to 50 mg daily 10-20 mg daily (during and 1 week after therapy with pyrimethamine) 75 mg/kg (first dose) followed by 50 mg/kg every 12 hours (maximum 4 grams/day) 300 mg every 6 hours 1500 mg orally twice daily
Trimethoprim/ Sulfamethoxazole (PO or IV)	10 mg/kg/day (trimethoprim component) in two to three doses
Pyrimethamine/folinic acid *plus* Clarithromycin (PO) *or* Dapsone (PO) *or* Azithromycin (PO)	Same doses as above 500 mg every 12 hours 100 mg/d 900 to 1200 mg/day

[1]Preferred regimens: pyrimethamine/sulfadiazine/folinic acid or Trimethoprim/sulfamethoxazole. Assistance is available for the diagnosis of patients with toxoplasmosis at the Palo Alto Medical Foundation Toxoplasma Serology Laboratory, PAMF-TSL; Palo Alto, CA; www.pamf.org/serology/; +650-853-4828; toxolab@pamf.org

[2]Regimens for toxoplasmic chorioretinitis also include intravitreal injections with corticosteroids or clindamycin

[3]Folinic acid = leucovorin; folic acid must not be used as a substitute for folinic acid