

NATIONAL ANTIBIOTIC GUIDELINES 2016



Department of Health

NATIONAL ANTIBIOTIC GUIDELINES

PUBLIC HEALTH PROGRAMS

(Filariasis and Schistosomiasis)

FILARIASIS

Selective Treatment

For patients (+) for microfilariae in nocturnal blood examination (NBE) or Immunochromatographic test (ICT)

Etiology	Preferred regimen	Comments
<p>Roundworms of the Filarioidea type. Lymphatic filariasis is caused by the worms <i>Wuchereria bancrofti</i>, <i>Brugia malayi</i>, and <i>Brugia timori</i>. These worms occupy the lymphatic system, including the lymph nodes; in chronic cases, these worms lead to the syndrome of elephantiasis.</p>	<p>Day 1: Diethylcarbamazine (DEC) 6 mg/kg div 3 doses (after meals) PLUS albendazole 400 mg</p> <p>Day 2 to Day 12: DEC 6 mg/kg div 3 doses</p> <p>DEC is free and only available at the DOH Central office and government health facilities in endemic areas.</p>	<p>Tablets should be taken after meals.</p> <p>Total cumulative DEC dose of 72 mg/kg for <i>W. bancrofti</i> infections.</p> <p>Precautions:</p> <ul style="list-style-type: none"> • Treatment of pregnant women should be deferred until after delivery. • Treatment is contraindicated in individuals with severe cardiac and kidney diseases. • Individual with asthma, seizure disorders or severe malnutrition should be treated with caution. Do not initiate treatment when patient has asthma attack. Treat asthma first before taking antifilarial drugs. • If patient is less than 2 years of age, refer to specialist. <p>Adverse Reactions</p> <ul style="list-style-type: none"> • Localized: Pain, inflammation, and tenderness of nodules, adenitis, lymphangitis due to death of adult filarial worms. Usually begins from 2-4 days after the first dose of DEC. • Systemic: Fever, headache, malaise, myalgia and hematuria occur due to death of microfilariae. Usually begin from few to 48 hours after taking DEC and are usually self-limited. <p>For more information regarding the mass drug administration of the program of the DOH, please refer to the website, www.doh.gov.ph.</p>

SCHISTOSOMIASIS

Selective treatment (Passive or Active Surveillance)

Supported by a positive result on kato katz for *Schistosoma japonicum* ova by stool exam and or rectal imprint

Etiology	Preferred regimen	Comments
<p>Schistomes, the most common in the Philippines being <i>S. japonicum</i>.</p>	<p>Praziquantel 40 mg/kg/d for 1 day div 2-3 doses for one day</p> <p>Dose is increased to 60 mg/kg in neuroschistosomiasis.</p> <p>Praziquantel is free and only available at the DOH Central office and government health facilities in endemic areas.</p>	<p>This regimen may also be given for hepato-intestinal schistosomiasis and pulmonary schistosomiasis.</p> <p>Praziquantel should be given on a full stomach.</p> <p>Follow up treatment of confirmed cases 1 month later because praziquantel does not kill developing worms.</p> <p>Observe patients for 1 to 3 hours for possible adverse reactions, such as headache, dizziness, abdominal discomfort, and less commonly, nausea, vomiting, diarrhea, fever and urticaria. Instruct them afterwards to watch out for these reactions for 24 hours.</p> <p>Supportive treatment may be given to relieve adverse reactions as appropriate.</p> <p>Indications of hospital referral:</p> <ul style="list-style-type: none"> • Presence of complications, such as periportal fibrosis, splenomegaly with hypersplenism, development of portosystemic collateral blood vessels, cor pulmonale, or glomerulonephritis • CNS schistosomiasis (patients with seizures, focal neurologic deficit, or signs of increased intracranial pressure or diffuse encephalitis). <p>For more information regarding the mass drug administration of the program of the DOH, please refer to the website, www.doh.gov.ph.</p>