

St George Renal Department Pneumocystis jiroveci pneumonia (PJP) Prophylaxis Guideline (November 2014, reviewed Feb 2018)

Indications for prophylaxis	Duration
New kidney transplant recipients	<ul style="list-style-type: none"> • 12 month following transplant • may be continued indefinitely if tolerates treatment well
Previous Pneumocystis jiroveci pneumonia	<ul style="list-style-type: none"> • Indefinite
Traced transplant contacts	<ul style="list-style-type: none"> • 6 months
Corticosteroid treatment >20mg/day for >2-3 weeks	<ul style="list-style-type: none"> • 3-6 months
Following intensive immunosuppression for acute transplant rejection or glomerulonephritis	<ul style="list-style-type: none"> • Min 6 weeks during and after treatment

Preferred therapy	Dose	Adverse effects
Trimethoprim-sulfamethoxazole double strength (Bactrim DS or Resprim Forte)	160mg/800mg one tablet twice weekly	<ul style="list-style-type: none"> • Rise in serum creatinine • Hyperkalaemia • Bone marrow suppression causing pancytopenia • Any adverse effects may necessitate reduction or suspension of Bactrim +/- reduction or temporary cessation of anti metabolite and valganciclovir

Alternative therapy	Dose
Diaminodiphenylsulfone (Dapsone)	100mg once daily or 50mg twice daily
Pentamidine (aerosolized)	300mg inhaled via Respigard II nebulizer monthly*
Atovaquone	1500mg/day (by arrangement with infectious disease specialist only)

* At Prince of Wales Hospital using “Albion Street protocol in an aerated room” – Window is open and patient located near the window, the door is kept closed and everyone else is kept out of the room. The nurse wears a P2 mask.

References

1. Chapman, J.R., et al., *Post-transplant Pneumocystis jirovecii pneumonia -a re-emerged public health problem[quest]*. *Kidney Int.* **84**(2): p. 240-243.
2. Chadban SJ, et al., *KHA-CARI adaptation of the KDIGO Clinical Practice Guideline for the Care of Kidney Transplant Recipients*. *Nephrology* 2012. **17**(3): p. 204-214.