

**Filaricides**

**Diethylcarbamazine** [unlicensed] (available from ‘special-order’ manufacturers or specialist importing companies) is effective against microfilariae and adults of *Loa loa*, *Wuchereria bancrofti*, and *Brugia malayi*. To minimise reactions, treatment in adults and children over 1 month, is commenced with a dose of diethylcarbamazine citrate on the first day and increased gradually over 3 days. Length of treatment varies according to infection type, and usually gives a radical cure for these infections. Close medical supervision is necessary particularly in the early phase of treatment.

In heavy infections there may be a febrile reaction, and in heavy *Loa loa* infection there is a small risk of encephalopathy. In such cases specialist advice should be sought, and treatment must be given under careful in-patient supervision and stopped at the first sign of cerebral involvement.

Ivermectin below [unlicensed] (available from ‘special-order’ manufacturers or specialist importing companies) is very effective in *onchocerciasis* and it is now the drug of choice; reactions are usually slight. Diethylcarbamazine or suramin should no longer be used for *onchocerciasis* because of their toxicity.

**Cutaneous larva migrans (creeping eruption)**

Dog and cat hookworm larvae may enter human skin where they produce slowly extending itching tracks usually on the foot. Single tracks can be treated with topical tiabendazole (no commercial preparation available). Multiple infections respond to ivermectin, albendazole or **tiabendazole** (tiabendazole) by mouth [all unlicensed] (available from ‘special-order’ manufacturers or specialist importing companies).

**Strongyloidiasis**

Adult *Strongyloides stercoralis* live in the gut and produce larvae which penetrate the gut wall and invade the tissues, setting up a cycle of auto-infection. Ivermectin [unlicensed] (available from ‘special-order’ manufacturers or specialist importing companies) is the treatment of choice for chronic *Strongyloides* infection in adults and children over 5 years. Albendazole [unlicensed] (available from ‘special order’ manufacturers or specialist importing companies) is an alternative given to adults and children over 2 years.

**ANTHELMINTICS****Albendazole****● INDICATIONS AND DOSE****Chronic *Strongyloides* infection**

## ▶ BY MOUTH

- ▶ Child 2–17 years: 400 mg twice daily for 3 days, dose may be repeated after 3 weeks if necessary

**Hydatid disease, in conjunction with surgery to reduce the risk of recurrence or as primary treatment in inoperable cases**

## ▶ BY MOUTH

- ▶ Child 2–17 years: 7.5 mg/kg twice daily (max. per dose 400 mg twice daily) for 28 days followed by 14-day break, repeated for up to 2–3 cycles

**Hookworm infections**

## ▶ BY MOUTH

- ▶ Child 2–17 years: 400 mg for 1 dose

- **UNLICENSED USE** Albendazole is an unlicensed drug.

- **INTERACTIONS** → Appendix 1: albendazole

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: tablet, chewable tablet, oral suspension

**Tablet**

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- ▶ **Esказole (Imported (France))**

Albendazole 400 mg Esказole 400mg tablets | 60 tablet [PoM] [X]

**Chewable tablet**

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- ▶ **Zentel (Imported)**

Albendazole 200 mg Zentel 200mg chewable tablets | 6 tablet [PoM] [X]

Albendazole 400 mg Zentel 400mg chewable tablets | 1 tablet [PoM] [X]

**Diethylcarbamazine****● INDICATIONS AND DOSE*****Wuchereria bancrofti* infections | *Brugia malayi* infections**

## ▶ BY MOUTH

- ▶ Child 1 month–9 years: Initially 1 mg/kg daily in divided doses on the first day, then increased to 3 mg/kg daily in divided doses, dose to be increased gradually over 3 days
- ▶ Child 10–17 years: Initially 1 mg/kg daily in divided doses on the first day, then increased to 6 mg/kg daily in divided doses, dose to be increased gradually over 3 days

***Loa loa* infections**

## ▶ BY MOUTH

- ▶ Child 1 month–9 years: Initially 1 mg/kg daily in divided doses on the first day, then increased to 3 mg/kg daily in divided doses, dose to be increased gradually over 3 days
- ▶ Child 10–17 years: Initially 1 mg/kg daily in divided doses on the first day, then increased to 6 mg/kg daily in divided doses, dose to be increased gradually over 3 days

- **UNLICENSED USE** Diethylcarbamazine is an unlicensed drug.

- **MEDICINAL FORMS** No licensed medicines listed.

**Ivermectin**

17-May-2017

**● INDICATIONS AND DOSE****Chronic *Strongyloides* infection**

## ▶ BY MOUTH

- ▶ Child 5–17 years: 200 micrograms/kg daily for 2 days

***Onchocerciasis***

## ▶ BY MOUTH

- ▶ Child 5–17 years: 150 micrograms/kg for 1 dose, retreatment at intervals of 6 to 12 months, depending on symptoms, must be given until adult worms die out

**Scabies, in combination with topical drugs, for the treatment of hyperkeratotic (crusted or ‘Norwegian’) scabies that does not respond to topical treatment alone**

## ▶ BY MOUTH

- ▶ Child: (consult product literature)

- **UNLICENSED USE** Ivermectin is unlicensed.

- **INTERACTIONS** → Appendix 1: ivermectin

**● SIDE-EFFECTS**

- ▶ **Common or very common** Skin reactions
- ▶ **Frequency not known** Abnormal sensation in eye · anaemia · appetite decreased · asthenia · asthma exacerbated · chest discomfort · coma · confusion · conjunctival haemorrhage · constipation · diarrhoea · difficulty standing · difficulty walking · dizziness · drowsiness · dyspnoea ·