Author's response to reviews

Title: Congenital toxoplasmosis and prenatal care state programs

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Author's response to reviews: see over
Editor-in-Chief: BMC Infectious Diseases

Dear Editor,

This study aims to evaluate whether treatment of pregnant women associated with the lack of monitoring of seroconversion for toxoplasmosis affected the prognosis of patients. The manuscript is entitled “CONGENITAL TOXOPLASMOSIS IN A PRENATAL CARE STATE PROGRAM”

Can you see above the point-by-point response to the reviewers' comments.

In general the changes made in the article were:
1) In the methodology were: a) best explained the program to protect pregnant women and control of congenital toxoplasmosis, b) described in detail the laboratory diagnostic methods for the mother and newborn, c) Statistical analysis was redone by a statistician.
2) Change in presentation of results and tables;
3) Changes in the discussion;
4) Review of relevant references;
5) Response to reviewers.

The special changes point-by-point in response to the reviewers you can see above:

We seek to meet the statutory considerations.

Reviewer Eskild Petersen

1) Diagnostic methods have been widely detailed;

2) The women were screened for antibodies to T. gondii at the time started the pre-natal control, table 3-20 before pregnancy but who had persistent IgM positive, 78 in the first quarter, 42 in the second quarter, 27 in the third quarter, 62 after the child's birth and 17 were unable to identify the time of pregnancy that did the testing. As for RN, tested the children of women with positive IgM during pregnancy and the children of seronegative women who did not follow seroconversion;

3) The newborns of women who were diagnosed turning serologic toxoplasmosis during pregnancy (identified by the absence of specific antibodies against T. gondii in newborn) were removed from the search;

4) The various clinical manifestations of congenital toxoplasmosis found among neonates is that the research were classified in 8 different clinical types;

5) The tables were modified after statistical analysis by a statistician, as requested;
6) English Article has been thoroughly reviewed by two reviewers of the English language, one that lives in Brazil and another country that lies in the English language (over 10 years).

**Reviewer: Martine Wallon**

1) The objective of the study was not to evaluate the efficacy of treatment, but the program state as a whole in relation to the occurrence of severe congenital toxoplasmosis;

2) How not to perform the monitoring of seroconversion, most often it was not possible to establish the time of acute infection in pregnant women. Considered the time of identification of specific IgM anti-*T gondii* in pregnant women (the time of the pre-natal screening). That is why we analyze the influence of this routine in the continuing occurrence of severe forms of toxoplasmosis in our midst, which suggests a change in procedure;

3) Were withdrawn children born to women who did not have toxoplasmosis during pregnancy but they took the cord;

4) Seronegative women in prenatal screening were considered at risk because of the possibility of acquiring acute toxoplasmosis during pregnancy, because they eating habits conducive (eating meat, milk or raw eggs, eating unwashed vegetables) and live in conditions environment favorable to the transmission of infection (socializing reservoir animals, dealing with garden soil or cat feces), a region of high prevalence of infection and high rate of congenital transmission;

5) Regarding the inclusion of newborns, all form after conducting postnatal screening (either at birth or by Guthrie test);

6) The tables were modified after statistical analysis by a statistician, as requested;

7) English Article has been thoroughly reviewed by two reviewers of the English language, one that lives in Brazil and another country that lies in the English language (over 10 years).

Yours Faithfully,

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