Author's response to reviews

Title: Congenital toxoplasmosis and prenatal care state programs

Authors:

Mariza M Avelino (mariza.avelino@gmail.com)
Waldemar N Amaral (Waldemar@sbus.org.br)
Isolina M.X Rodrigues (isolinarodrigues@uol.com.br)
Alan R Rassi (alanrassi@ipvisao.com.br)
Maria B.F Gomes (mbfranco@terra.com.br)
Tatiane L Costa (tatiane_luiza@yahoo.com.br)
Ana M Castro (amaria@iptsp.ufg.br)

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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.

M. Wallon:

Firstly we would like to thank his immense contribution in the writing of our article. We have a lot of difficulty with the English language, which is not our domain, which makes our expression of gratitude. Let's try to clarify your doubts.

What has changed are in red and underlined, to facilitate elucidation of doubtful questions:

1) Infants were studied as to the severity of fetal infection, to assess whether the program state as it stands is being developed to improve the prognosis of congenital infection. This is because in our long experience of 23 years with congenital toxoplasmosis, apparently there had been an improvement in prognosis. And we knew that the lack of supervision of seroconversion is what should be contributing to this serious scene. We intend to demonstrate that the program as it is being developed, not adding much, but we were surprised with improved prognosis of treatment of pregnant women with only the use of spiramycin throughout pregnancy. And that was something that we think should be said to the scientific community, since this topic is so controversial.

2) Unfortunately not all women were diagnosed with acute toxoplasmosis who underwent treatment during pregnancy. Among the 162 women who had children infected, 84 were not treated, although 26 have been diagnosed during pregnancy.

3) The treatment of pregnant patients with spiramycin was initiated at the time confirmed the presence of IgM antibodies in the bloodstream of pregnancy, when associated with low avidity IgG and the same was continued throughout the pregnancy. But 41 pregnant women who had a diagnosis of toxoplasmosis during pregnancy did the indicated treatment. Of these, 26 had children infected and in 15 of them the children were not infected with T. gondii. Pregnant women who were treated only when fetal infection identified were those who had diagnosis of acute toxoplasmosis held before the current pregnancy.
4) In the group of women identified with acute toxoplasmosis during pregnancy, the diagnosis of fetal infection was carried out with research of *T. gondii* in amniotic fluid and fetal blood, and research of specific IgM in fetal blood, fetal USG beyond.

5) In the group of women who were seronegative at the beginning of prenatal maternal infection and diagnosis was made only after the child's birth, with the serological screening for his son was not diagnosed with fetal infection.

6) We have collected data on all newborns in the period because motherhood makes no computerized record of birth. But in the period January 2004 to September 2005, we had 34.5% (520/1514) of infants with IgG and IgM NEGATIVE, 0.66% of newborns with IgG and IgM POSITIVE (10/1514) and 5.2% (76 / 1514) with high IgG > 200 mg / dl and IgM NEGATIVE (suspected mother with toxoplasmosis and IgM positive in pregnancy). That with regard to meeting the HC / UFG.

7) NB as to overestimate whose mothers had not been identified for toxoplasmosis during pregnancy, it was not believed possible because all tested NB regardless of symptoms have (in the umbilical cord blood). And this screening was performed in all women who are born with toxoplasmosis identified during pregnancy and in children of women who did not seronegative serological monitoring in pregnancy.

8) This study did not intend to prove the effectiveness of the treatment of pregnant women with spiramycin during pregnancy because the type of studies required for such confirmation is not allowed among us. However, we did another study where we compared two groups of infants, one of the children of women treated during pregnancy and the other children of untreated women, where we analyze the interference of the treatment of pregnant women in the presence of markers of neonatal congenital infection. This study was accepted for publication and is in the final stages of preparation. In it was also possible to identify that spiramycin was effective in preventing the transmission of severe forms of congenital toxoplasmosis. And as this discussion of treatment of pregnant women is very controversial and at present most countries have preferred not to perform prenatal screening (depending on costs), we show another relevant angle (contrast) of this current trend. We think that these two studies although it had the ideal design methodology to confirm the importance of screening for pregnant women, speak in favor of continuing the same, since even when it is not done optimally for a region with a high prevalence of toxoplasmosis also can reduce the occurrence of severe forms. In our view, this warning is important, since recent work has tackled the continuity of these programs during pregnancy. This is not the case in France, where this control is done monthly and has managed to decrease the transmission of congenital infection. But in developing countries, the current trend of doing nothing is an important reference for even remove the little we're doing. Hence our concern we call attention of the scientific community in order to maintain this screening, particularly in countries with similar living conditions of the population. That's because we live in an environment where the chance of being contaminated with
the parasite during pregnancy is much bigger than the people who reside in locations with adequate sanitation, and adequate housing conditions.

**Eskild Petersen**
Reviewer's report: The authors have addressed the point raised to the first version of the manuscript.
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Yours Faithfully,

Ph.D. Mariza Martins Avelino

**Corresponding author:**
Ph.D. Mariza Martins Avelino - mariza.avelino@gmail.com
telephone 5562 3241 2937, 5562 9973 1668.
Rua 235 esq com 1ª Av. s/n Setor Leste Universitário, Goiânia-GO CEP: 74605-050.