Reviewer's report

Title: Congenital toxoplasmosis in a prenatal care State program

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Reviewer: Martine Wallon

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M Avelino and colleagues present the results of a cohort study performed - in a region of high prevalence and incidence in the central Western Region of Brazil - in order to assess on the efficacy of maternal treatment for the prevention of congenital toxoplasmosis.

Major Compulsory Revisions

The cohort study design is not appropriate for drawing definite conclusion about the efficacy of treatment. It could at most allow to identify a possible association between treatment and risk of transmission and severity. However to meet such goal, the analysis would also need to take into account the gestational age at maternal infection which influence both the risk of mother to child transmission and the consequences of such congenital infection.

To what extend this information about the timing of infection was available and taken into account is not clear. The authors present data on the trimester “in which prenatal serological screening was started”, but it is different from the trimester at maternal infection.

The criteria for including the 292 newborns in the cohort are not clear.

In the first paragraph of the methods section, they are described as been “at risk for vertical transmission because either their mothes were seronegative or the showed specific IgM … in their peripheral blood”.

In the third paragraph, however, they are described as been “born from IgM positive mothers and babies with IgM-specific detected in peripheral blood or by the Guthrie test.”

This suggest a double inclusion from pre and post natal screening. This needs to be clarified. A flow chart would be helpful to describe the selection process of mothers and children.

Criteria for congenital infection also need to be clarified. Two versions are given in the seventh paragraph of the Methods section and in the nineth.

The presentation of the data also needs to be improved. Using subheadings might help. The title of the tables should be explained (ie: Table 1: “serological screening at the first prenatal visit”?).

Because of all these limitations, the article is very difficult to read and the results
hard to understand. The writing efficacy also greatly needs to be improved. The article should be extensively rewritten before any decision can be reached regarding its acceptance for publication. The statistical analysis should be strengthened to take into account the impact of gestation age at maternal infection.

The authors might found the article by Thiebaut R helpful for improving their manuscript.


**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests