Author's response to reviews

Title: Seroprevalence and Risk Factors for Toxoplasma Infection among Pregnant Women in Aydin Province, Turkey

Authors:

Sema Ertug (sertug@adu.edu.tr)
Pinar Okyay (pinarokyay@adu.edu.tr)
Munevver Turkmen (turkmenm2000@yahoo.com)
Hasan Yuksel (hyuksel@adu.edu.tr)

Version: 2 Date: 27 April 2005

Author's response to reviews: see over
April 27th, 2005

Dear Editor,

Thank you for your mail on April 20th, 2005, on our manuscript titled “Seroprevalence and Risk Factors for Toxoplasma Infection in Pregnancy, Aydin Province, Turkey”. We have revised our manuscript with respect to reviewers’ comments. In fact, we have carefully considered all the points that they raised.

Followings were done:
1. Point-by-point responses to the reviewers were prepared.
2. The whole text was controlled and corrected according to the style of the Journal.
3. Competing interest and authors’ contributions sections were included.
4. Figure 1 was omitted.
5. Language correctness was checked by a native English speaker.

After these corrections, we hope that our study can appear in your Journal.

Yours sincerely,

Pinar Okyay  
Corresponding author  
Assistant Professor, Department of Public Health  
Medical Faculty of Adnan Menderes University  
Aydin, Turkey  
Tel: +90.256.225 31 66 / 150  
Fax: +90.256.212 01 46  
E-mail: pinarokyay@adu.edu.tr
Our answers for the first reviewer:

Reviewer: Chia-Kwung Fan

We have revised our manuscript with respect to reviewer’s comments and want to thank the reviewer for the precious contributions. In fact, we have carefully considered all the points. The previous and revised particles of the text were written a smaller font character below.

The followings are our answers:

Title:

1. The manuscript title was changed to “Seroprevalence and Risk Factors for Toxoplasma Infection among Pregnant Women in Aydin Province, Turkey” as offered.

Material and methods:

2. In Material and Methods Section, serological methods were bulleted as a. ELISA.; b. IFA...etc. as the reviewer offered.

3. The reviewer mentioned that there was an inadequate explanation on the sera collection and serological methods. The reviewer asked if only 389 samples (1st trimester) were undertaken to test IgG and IgM Abs and if we had tested another trimester sera, what the sera conversion was. At each trimester, IgG and IgM antibodies were studied. In the result section, it was tried to explained as “The seroprevalence of Toxoplasma specific IgG was 30.1% among pregnant women at the first trimester of their pregnancy (n=389). During the follow-up of pregnancy, we could reach 257 (66.1 %) women in the second trimester and 124 (31.9%) women in the third trimester. No Toxoplasma specific IgM in total 770 serums of three trimesters was detected. Additionally, the section named “serological method” was rewritten.

4. The percentages in the quota were recalculated. The section in the first manuscript, “Sero logical methods: The Toxoplasma specific IgG antibodies for the first trimester sera were studied by ELISA and IFA methods. There was a disagreement between
ELISA and IFA methods (IFA negative, ELISA positive) in six (0.78%) serum samples in the first trimester, then these serums were also studied by direct agglutination test (DA) and no antibody answer was observed. The Toxoplasma specific IgM antibodies were studied by ELISA method. Ten border results (1.30%) and three positive results (0.39%) were also assessed by avidity test. There was high avidity at 13 (%) 1.69) serum samples.” was revised to “Sero logical methods:

The Toxoplasma specific IgG antibodies in 770 serum samples of three trimesters were studied by ELISA and IFA methods. In the first trimester (n=389), there was a disagreement between ELISA and IFA methods (IFA negative, ELISA pozitive) in six (1.54%) serum samples, then these serums were also studied by direct agglutination test (DA) and no antibody answer was observed. No disagreement between ELISA and IFA methods was observed in other samples.

The Toxoplasma specific IgM antibodies were studied for 770 serum samples of three trimesters by ELISA method. Ten border results (1.30%) and three positive results (0.39%) were also assessed by avidity test. There was high avidity at 13 (%) 1.69) serum samples.”

The first six serum samples were of 389 samples in the first trimester; but 10 border results and three positive results in the second paragraph were of 770 samples.

Discussion:

5. Discussion was rewritten and shortened to less than three pages.

6. All authors et al was written with years that manuscripts were published.

7. Map was omitted due to lack of an adequate black and white map.

References

8. References were shortened to 29 references.

Others:

9. The whole text was controlled and corrected according to the style of the Journal.

10. The whole text was reedited and then, language correctness was checked by a native English speaker.
Our answers for the second reviewer:

Reviewer: Adrienne Einarson

We have revised our manuscript with respect to reviewer’s comments and want to thank the reviewer for the precious contributions. In fact, we have carefully considered all the points. The previous and revised particles of the text were written a smaller font character below.

The followings are our answers:

Others:

1. Discussion was rewritten and shortened to less than three pages.
2. The description of the Canadian study (Ref: 26) was put after our discussion on water. Some of the references used in the discussion were omitted and References were shortened to 29 references; the others were referred in the discussion in relation to our study. The conclusion section was rewritten.

The earlier was: “As a conclusion, 69.9 % of pregnant women at the first trimester in the Aydin-Turkey, are susceptible to acute infection and should be educated about ways to minimize exposure to T.gondii. A Belgian group recently reported a more than 60% reduction in anticipated seroconversion in a cohort of seronegative pregnant women who were educated to undertake a variety of simple hygienic precautions [40]. At the current moment, there is no legal obligation for this. Health authorities, especially primary health care givers should be sensitive to the importance of the issue. Hygiene of water supplies is an important issue. Forward studies on possibility of contamination of network water by oocysts should be performed and used for prevention activities. The data found in the current study point out that due to high risk of toxoplasmosis in pregnant women, a debate on structuring general screening program for toxoplasmosis in pregnancy in Turkey should be begun.” The revised version was as: “As a conclusion, 69.9 % of pregnant women at the first trimester in the Aydin-Turkey, are susceptible to acute infection, and no Toxoplasma specific IgM was detected during the follow-up of pregnant women for three trimesters. This may be due to lower ratios of serum assessment in the second (66.1 %) and in the third (31.9%) trimesters. At the current moment, there is no legal obligation for an
education about ways to minimize exposure to *T.gondii* in our country. Health authorities, especially primary health care givers should be sensitive to the importance of the issue. Hygiene of water supplies is also important. Forward studies on possibility of contamination of network water by oocysts should be performed and used for prevention activities. The data found in the current study point out that due to high risk of toxoplasmosis in pregnant women, a debate on structuring general screening program for toxoplasmosis in pregnancy in Turkey should be begun.”

3. The whole text was controlled and corrected according to the style of the Journal.

4. The whole text was reedited and then, language correctness was checked by a native English speaker.