

How we can help you

Tommy's, the baby charity, publishes information for parents-to-be and for those who have experienced problems in pregnancy, such as miscarriage, stillbirth or premature birth, as well as providing information on toxoplasmosis. Please indicate below if you would like to be sent further information.

- Toxoplasmosis and pregnancy
- Toxoplasmosis: a handbook for health professionals
- Toxoplasmosis and pregnancy: everything you need to know
- Toxoplasmosis and animals
- Toxoplasmosis: information about congenital toxoplasmosis
- Healthy pregnancy: a guide for parents-to-be
- When a baby dies: information for parents, for family and for friends
- Premature labour: information for parents
- Premature labour: information for midwives
- Information sheet on miscarriage
- Information sheet on stillbirth
- Information sheet on premature birth
- Information sheet on pre-eclampsia
- Information on ways to donate regularly to Tommy's
- Research update

Please complete your details below and return the form to Tommy's, the baby charity, Nicholas House, 3 Laurence Pountney Hill, London EC4R 0BB, or contact Tommy's on our pregnancy information line (0870 777 30 60) or e-mail: info@tommys.org

Your details	Name
Address	
Postcode	
Telephone	
Email	

Please tick this box if you do not wish to receive further mailings from Tommy's.

Toxoplasmosis

information about
symptomatic acquired toxoplasmosis



Tommy's, the baby charity

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London EC4R 0BB
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Pregnancy information line: 0870 777 30 60

E-mail: info@tommys.org
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About Tommy's, the baby charity

Tommy's, the baby charity, aims to inform and educate all parents-to-be about health in pregnancy. By providing this information we hope to ensure that every pregnancy has the best possible chance of a healthy outcome and a healthy baby.

Tommy's was set up in 1992 with the goal of making pregnancy and childbirth safer for both the expectant mother and her child, by funding a national programme of medical research into miscarriage, stillbirth and premature birth.

Every parent-to-be hopes their baby will be born healthy but every year in the UK one in five pregnancies will end in miscarriage and around 4,000 babies will be stillborn. More than 100 babies are born too small or too soon every day and two percent are severely premature, arriving six weeks before their expected birthday. Premature birth is the most common cause of baby death and one in 10 premature babies will develop a permanent disability.

As the UK's leading baby charity we want to find the answers for parents who deserve to know why their baby died or had to fight for life after being born prematurely.

Tommy's is determined to find the causes of miscarriage, stillbirth and premature birth and to save tiny lives by discovering new ways to encourage healthy pregnancy and prevent problems. We support a nationwide programme of vital research and are already improving the chances of survival for hundreds of babies through our clinical trials. We are examining the processes underlying normal and premature labour, and are finding ways to identify women who are most at risk of giving birth prematurely. We are increasing understanding of conditions such as pre-eclampsia which endanger both mother and baby, and we are making progress in discovering ways to prevent health problems in premature and low birth-weight babies.

Tommy's also provides information about pregnancy health issues for health professionals, parents and parents-to-be. We aim to ensure that information on health in pregnancy and reducing the risks of problems is available to all parents-to-be in the UK, thereby reducing the number of babies' lives lost.

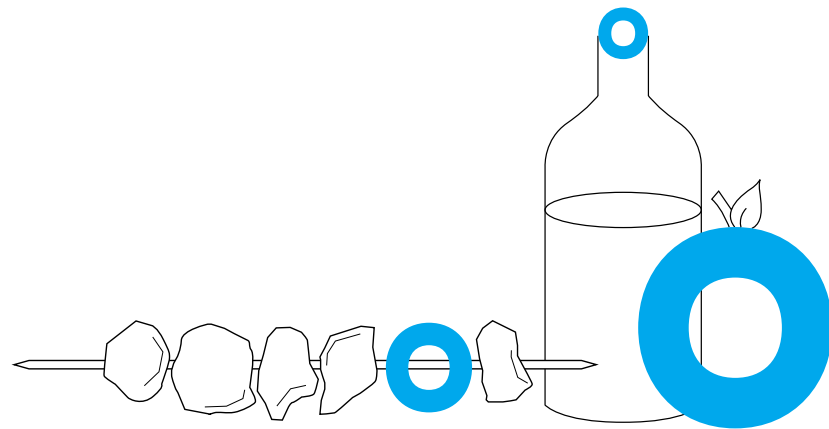
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What is toxoplasmosis?

Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*, a microscopic single cell organism that can be found in meat, cat faeces, the soil where cats defecate, and unpasteurised goats' milk. The parasite can infect most birds and warm-blooded animals, including humans.



How is it caught?

Humans can catch toxoplasmosis by ingesting anything infected with or contaminated by the parasite. Eating anything contaminated with cat faeces (for example soil), or eating unwashed fruit and vegetables, or eating raw and undercooked meat (i.e. meat showing any traces of pink or blood), or consuming unpasteurised goats' milk and goats' milk products will all carry a risk of infection. It may also be caught from receiving infected blood or organ transplants.

It is also possible for the organism to enter the body through cuts or abrasions in the skin, for example when handling newborn lambs or when farmers are lambing.

It is possible to become infected with *Toxoplasma* via one of these routes and suffer few or no symptoms, and unless you are pregnant, the infection rarely gives cause for concern.

However, if the infection is acquired through one of these routes and causes a range of symptoms then it is generally referred to as symptomatic acquired toxoplasmosis. For a baby, toxoplasmosis can be caught from its mother whilst still in the womb. This is referred to as transplacental transmission and can cause congenital toxoplasmosis in the baby.

Who is at risk?

Toxoplasmosis can be dangerous to people if their immune system is underdeveloped or compromised, as in the case of an unborn child, a person with HIV (human immunodeficiency virus), or a person taking immuno-suppressive drugs. In these cases the immune system is unable to stop the spread of the parasite, which can then cause more severe damage. Toxoplasmosis can cause severe damage to an unborn baby and can even cause miscarriage, or stillbirth.

If an infection with *Toxoplasma* is suspected or confirmed then it would be wise to avoid a pregnancy until there is no risk of passing toxoplasmosis on to the baby. (Usually about 2-3 months).

How common is toxoplasmosis?

Because it is possible to acquire toxoplasmosis without any symptoms and never be aware of the infection, it has been estimated that 30% of the entire human population may be presently infected. It is also estimated that up to half the population of the UK will have been infected by the time they are 70 years old. Infection with *Toxoplasma* is perhaps more common than you may have thought.

What are the effects of toxoplasmosis?

Toxoplasmosis does not usually cause any symptoms and in most cases a person does not realise they have caught the infection. It can cause symptoms like flu or sometimes an unpleasant illness similar to glandular fever. However, for some people with symptomatic acquired toxoplasmosis the symptoms can be more varied and may be more severe. They may suffer a prolonged and debilitating glandular fever type illness with a wide variety of symptoms. In 1996 The Toxoplasmosis Trust conducted a survey of sufferers of acquired toxoplasmosis about their symptoms. Their most frequently reported symptoms included:

exhaustion, swollen glands in the neck, aching limbs, headaches, fever, painful joints, sore throat, night sweats, dizziness, swollen glands in the armpit, nausea, and swollen glands in the groin.

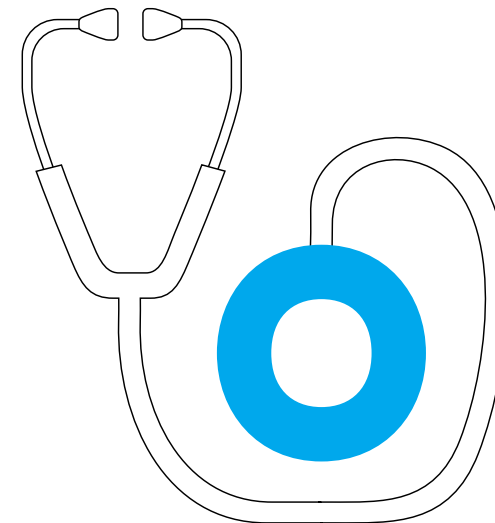
Other less frequently reported symptoms included disturbed vision, abdominal pain, irregular or rapid heartbeat, depression and mood swings, photophobia (discomfort when looking at bright light), loss of appetite and weight, skin disorders, gum problems and excessive thirst. This wide variety of symptoms does mean that diagnosis is often delayed or difficult. Some GPs may be unaware of the potential severity of the infection and may not recognise symptomatic acquired toxoplasmosis as a possible diagnosis. Some sufferers may be wrongly diagnosed as having glandular fever or depression. Other sufferers may have a biopsy to investigate a possible growth, only to discover toxoplasmosis is the cause of their swollen glands.

How would I know if I had it?

Toxoplasmosis does not cause any symptoms in 60-70% of people. Therefore, most people will never know they have been infected. Some people may have mild flu-like symptoms. However, some people may experience a more long-term illness similar to glandular fever or ME. If someone suspects they may be infected, the only conclusive method of diagnosing toxoplasmosis is to have a blood test.

How long will the symptoms last?

The symptoms may come and go over the course of the illness. Some people find that their symptoms may go for a while and they may feel better only to find that their symptoms come back a short time later. This cycle may last months or even years. The Toxoplasmosis Trust's study found that 51% of their sample suffered their symptoms for more than a year, and 20% suffered for more than five years.

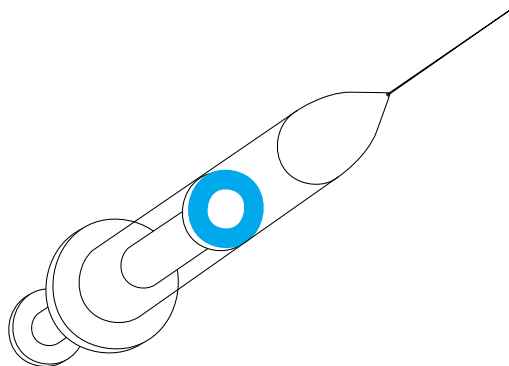


About the blood tests

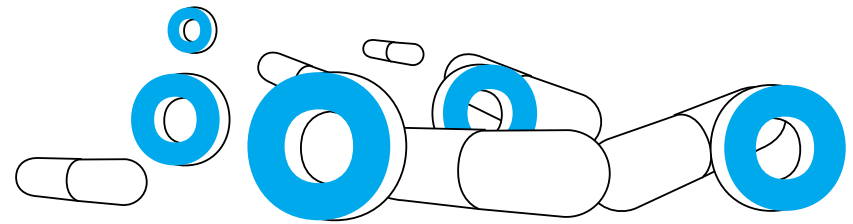
The blood test can be performed by your GP. The test detects the presence of antibodies (IgG and IgM) which the body makes to fight the infection. A negative test result means that no antibodies were found in the blood sample and there is therefore no proof of there ever having been a toxoplasmosis infection.

A positive test result means that antibodies were found in the blood, suggesting that there has been a toxoplasmosis infection. However, to tell if this is a current infection or an old infection the blood sample needs to be passed on to a Toxoplasma Reference Laboratory, where more detailed tests can be performed. If the laboratory finds raised IgG antibody levels then this means that the toxoplasmosis infection occurred some time in the past. If they find raised IgM antibody levels, it means that there has been a more recent infection or there is a current infection of toxoplasmosis. Depending on the exact levels of these antibodies, the laboratory can estimate when the infection was caught and advise on the best treatment options.

It is important to note that after getting the infection it may take three weeks for the body to make antibodies to fight against the *Toxoplasma* parasite. Therefore, the blood test must be done at least three weeks after any incident which may have put someone at risk or three weeks after the onset of any symptoms.



What are the treatment options for toxoplasmosis sufferers?



If you are diagnosed as having acquired toxoplasmosis then you may consider asking for a referral to a specialist in infectious diseases. Doctors do not usually prescribe any drug treatment for toxoplasmosis sufferers unless their symptoms are severe. This may be because while drug treatment can help some people it doesn't provide a guaranteed cure. Any drugs used will also have side effects which may be worse than the original symptoms of toxoplasmosis. Alternative therapies such as homeopathy, acupuncture and reflexology may help relieve some people's symptoms.

However, for some people drug treatment may help. Anti-malarial antibiotics are often used. The most common ones used are a combination of pyrimethamine and sulphadiazine or clindamycin on its own. Folic acid may also be prescribed to counteract the drop in blood cell production caused by these antibiotics. Other side effects of the antibiotics may include diarrhoea and a rash. Recently the drugs azithromycin and atovaquone have also been found to be effective in the treatment of toxoplasmosis. Regular blood tests are necessary whilst receiving drug treatment to monitor progress.

