

**Q1 Should I screen for toxoplasmosis in an asymptomatic pregnant woman?**

In summary, no. Testing can lead to further anxiety and harms.

The UK National Screening Committee (UK NSC) does **not** recommend screening for toxoplasmosis in pregnancy. This is because:

- The effect of congenital toxoplasmosis on developmental and visual impairment in later childhood is unknown.
- There are concerns about the reliability of the test in the pregnant population (up to 6% false positivity rate)
- There is no clear evidence that prenatal treatment reduces mother to fetus transmission or the severity of the condition's effects on the infected child.
- There are also concerns about the adverse effects of currently available treatments.
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In addition, in the newborn period:

- The benefits of currently available treatments have not been evaluated in a randomised controlled trial
- The optimum duration of treatment is not known and
- There are concerns about the adverse effects of treatment.

Countries which traditionally have offered screening for toxoplasmosis are now reviewing their policies: Denmark no longer screens newborn dried blood spots for congenital toxoplasmosis and France is debating whether its national screening policy should continue.

**Published guidance:**

Current NICE guidance for antenatal care (CG62, March 2008) states:

1.8.11.1 Routine antenatal serological screening for toxoplasmosis should not be offered because the risks of screening may outweigh the potential benefits.

1.8.11.2 Pregnant women should be informed of primary prevention measures to avoid toxoplasmosis infection, such as:

- washing hands before handling food
- thoroughly washing all fruit and vegetables, including ready-prepared salads, before eating
- thoroughly cooking raw meats and ready-prepared chilled meals
- wearing gloves and thoroughly washing hands after handling soil and gardening
- avoiding cat faeces in cat litter or in soil.

The NICE evidence update for CG62 published in 2013 found no new key evidence to suggest screening for toxoplasmosis should be offered.

## **Q2 When should I test for toxoplasmosis in pregnancy?**

Serology for toxoplasmosis should be performed if infection is suspected clinically (flu-like illness and maternal lymphadenopathy) or if fetal ultrasound findings suggest the possibility of intrauterine toxoplasmosis (severe IUGR, microcephaly, ventriculomegaly, hydrocephalus, intra-cranial calcification or hepatic calcification). Avoid screening asymptomatic pregnant women (see above).

Useful References

<https://legacyscreening.phe.org.uk/toxoplasmosis>