

ADVANCES IN IMMUNODIAGNOSIS FOR TOXOPLASMOSIS-SURVEILLANCE DURING PREGNANCY

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Primary infections with **Toxoplasma gondii (T.g.)** occurring during pregnancy may lead to an infection of the unborn and may result in abortion, in stillbirth or in prenatal toxoplasmosis of the child. Most infections do not show any clinical signs of disease of the mother and can only be detected by serological screenings. Immediate chemotherapy may highly reduce the risk of infection of the unborn. In Austria, toxoplasmosis-surveillance during pregnancy has been obligatory since 1975. Every pregnant woman is tested for antibodies against **T.g.** by the indirect immunofluorescent test or the dye-test at the beginning of her pregnancy and, if she is seronegative, again in the second and in the third trimester. In case of suspicion on a fresh infection additional immunodiagnostic procedures are carried out, particularly also tests for detection of specific IgM-antibodies. During recent years considerable advances could be achieved by introduction of several new tests for exclusion of false positive or false negative IgM-tests and for detection of circulating antigen. The combined application of these tests allows in nearly every case a rapid and clear decision whether a fresh infection with T.g. has occurred, so that the adequate chemotherapy can be carried out in time.