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The diagnostic significance of a detection of *Toxoplasma-soevis* IgA-antibodies in sera of HIV-infected persons and AIDS-patients

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Due to a heavily delayed and weakened answer of the humoral immune system in most cases the laboratory diagnosis of toxoplasmosis may be difficult in HIV infected persons. Only a combination of different techniques for direct as well as indirect detection of the parasite or its metabolic products or its DNA leads to satisfying diagnostic results. In a screening investigation the question should be answered retrospectively whether the detection of specific IgA antibodies is of any diagnostic significance for a discovery of an acute toxoplasmosis in HIV positive persons.

Within a period of 15 months 748 HIV infected persons (0 age: 36,6 y; ca. 35% AIDS) were continuously (0-211 days) supervised by different techniques for the development of an acute toxoplasmosis; 262 sera were investigated for their content of specific IgA antibodies by a catching antibody-ELISA (ETI-TOXOK-A; Sorin, Saluggia, I). Out of the 415 (56%) with *Toxoplasma* infected persons 68 (18,3%) developed an acute infection, 13 primary infections and 28 reactivations of these acute cases with altogether at least 19 pulmonary and 17 cerebral infections could be followed up serologically.

In sera of persons without or with latent infections IgA tests gave negative results, whereas specific IgA antibodies usually in low titres were found in about 60% of the sera of patients with acute infections. The typical course of the titre in reactivated infections clearly differs from that in primary infections, surprisingly there is no difference within the various clinical forms of toxoplasmosis. We could not find any correlation to a IgM production or to any other serological parameter nor did we detect any extremely high "unspecific" titre as known in G or M. The positive predictive value of the IgA detection seems to be rather high, yet the sensitivity is low and in cases of primary infections the immune response is delayed.

Thus, a detection of specific IgA antibodies may represent a useful tool for an acquisition of additional information in laboratory diagnosis of toxoplasmosis in HIV infected persons.

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