Toxoplasma Seroprevalence Rates

Sir—I read with interest the fine paper by Falusi et al. [1] in the 1 December 2002 issue of Clinical Infectious Diseases. This large study confirms previously published data on Toxoplasma seroprevalence rates. The authors state that such data come from small, predominantly male cohorts in which the range of prevalence is 3%–22%.

The authors neglect to cite our earlier publication [2], which demonstrates a seroprevalence rate of nearly 23% in a cohort of 319 HIV-seropositive patients (22.6% Toxoplasma seroprevalence among the 93 women in this cohort). Our seroprevalence findings and ethnicity (e.g., birth country) data from 10 years ago are corroborated by Falusi et al. [1]. However, unlike their study, ours did not demonstrate a higher seroprevalence rate among patients with lower CD4 cell counts. Indeed, although our results were not statistically significant, our 138 patients with cell counts of <200 CD4 cells/mL had a lower Toxoplasma seroprevalence rate than did our patients with cell counts of ≥200 CD4 cells/mL.

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References

CD4 Cell Counts and Toxoplasma Seroprevalence

Sir—We appreciate Dr. Glatt’s interest [1] in our study of Toxoplasma seroprevalence in HIV-infected women in the United States [2]. We regret the omission of the study by Glatt et al. [3] from our references but failed to find the article in the Medline search performed during our literature review process. It is interesting to note that the 22.6% Toxoplasma seroprevalence rate reported in their cohort of 319 patients (which included 93 women) was just slightly greater than the range we cited in our study (3%–22%).

As stated in our study discussion, we were unable to explain the higher Toxoplasma seroprevalence rate among patients with CD4 cell counts of 200–500 cells/mm³. It is important to note that, although there was a trend towards higher seroprevalence rates among patients with lower CD4 cell counts, this was statistically significant only for patients with CD4 cell counts of 200–500 cells/mm³ on univariate and multivariate analysis and not for patients with CD4 cell counts of <200 cells/mm³. This association with CD4 cell count stratum could not be explained by country of birth or by age, because these variables were controlled for in the multivariate analysis. Consistent with the observations of Glatt et al. [3], we found that, among HIV-infected women in the United States, country of birth (i.e., birth outside the United States) was the most potent predictor of Toxoplasma seropositivity.

References

Prognostic Factors for 246 Neonates with Infections

Sir—Antimicrobial therapy with a broad range of cephalosporins, penicillins, and carbapenems and early diagnosis of sepsis have dramatically improved outcomes for neonates with infection. For this group of immunocompromised children, attributable mortality was 20%–30% in the period 1970–1980 and decreased to 5%–10% in the past decade [1–3]. We investigated prognostic factors associated with inferior outcome in 246 neonates hospitalized in the years 1999–2000 at a national neonatal referral center in the Slovakia (population, 5.5 million).

Of 246 patients, 16 had inferior outcomes, which were the following: death due to infection, death due to underlying disease with infection, survival with intraventricular hemorrhage, or survival with periventricular leukomalacia. Within