

Prevalence of Toxoplasmosis Among a Sample of Pregnant Women in Risafa, Baghdad

To the Editor:

Toxoplasma organisms usually are acquired by ingestion and transplacental transmission, if toxoplasmosis occurs in the mother during pregnancy.^{1,2} In developed countries, the ingestion of undercooked meat is common and probably important in the transmission of toxoplasmosis.¹ In contrast, in developing countries, personal habits and exposure to cat feces are important in toxoplasmosis transmission. This situation occurs in Baghdad; higher frequencies of toxoplasmosis are noted more in warmer and more humid climates,

We undertook a small study to check the prevalence of toxoplasmosis among pregnant women who were seen for a routine medical check at the Mother & Child Care Center in Risafa, Baghdad. Our sample was 486 pregnant women who visited the care center.

The women's sera were sent to the Central Public Health Laboratory in Baghdad, where the indirect hemagglutination (IHA) test (Bio-Merrieux, Lyon, France) was performed. The IHA test employs

formalin-preserved whole parasites and detects IgG. It is accurate, simple to perform, inexpensive and excellent for screening pregnant women.

Seventy-eight of the 486 (16%) pregnant women showed a positive toxoplasmosis IHA test. This is contrasted to pregnant women in Basel, Switzerland, where 2.8% tested positive for toxoplasmosis.³ The high prevalence rate of acute or persistent infection with *Toxoplasma* organisms in Baghdad (16%) compared with Basel (2.8%) correlates proportionally with the high numbers of nondomesticated cats in and near Baghdad cities.

In order to tackle the disease, it will be necessary to take proper measures to reduce the number of and contact with cats in and near cities. This should lower the pollution of the environment (water) with cat feces, a source of *Toxoplasma* cysts.²

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Sterilization Container Systems

To the Editor:

As one of Ms Peggy Ryan's co-workers on the Association for Advancement of Medical Instrumentation's (AAMI) working group engaged in the development of *Good Hospital Practice: Guidelines for the Selection and Use of Reusable Rigid Sterilization Container Systems* (proposed),¹ I was naturally interested in the Product Commentary in the November issue (1989; 10:525-526).

Basically, there are two matters I would like to address that Ms Ryan discusses: the barrier effectiveness of the filters; and the economics of the systems.

One of the major advantages cited in support of the use of these containers is that compared to the traditional packaging methods, they reduce the possibility of their contents becoming contaminated after sterilization. However, because many of these containers use a filter medium of some sort, the maintenance of sterility is contingent upon the barrier capability of that filter.

In enumerating the information to be provided by the manufacturer to the user, Ms Ryan included the "barrier effectiveness of the filters." Although no one could dispute the fact that the manufacturer should be expected