

## **10. Toxoplasma**

### **10.1. *Toxoplasma* in animals**

In most Member States, toxoplasmosis is not notifiable. However in Finland, Germany and Norway, it is a notifiable disease. Most data supplied are related to the cases submitted for diagnostic purposes through their laboratories. Different methods are applied for diagnosis. Either the presence of the parasite is demonstrated by microscopy or serological methods are used to diagnose this disease. Usually, no control measures are taken in case of positive findings.

A summary on the studies run in the previous years was given in the Zoonoses report 2001. The parasite was frequently detected in cats, dogs, sheep, pigs and several other animal species.

In the Netherlands, in 2001 a project for a serological survey of pigs at slaughterhouses was started by the Institute for Animal Science and Health. Up to now, no data are available from this study.

As no new studies were performed in 2002, results presented here are based on diagnostic investigations.

As in the years before *Toxoplasma* isolates were detected in several animal species, i.e. cattle, pigs, sheep, goat, cats, dogs, horses and wildlife.

### **10.2. Toxoplasmosis in humans**

Very limited information is available on human toxoplasmosis.

Toxoplasmosis is notifiable in Sweden, Finland and Scotland. In Denmark, the disease is not notifiable but a nation-wide neonatal screening system is established and the results are reported regularly.

Altogether, 477 cases have been notified in the European Union (figures from 8 Member States). There is no change compared to the previous year, if only those countries are taken into account, which reported their data on both years. Austria reported for the first time the number of toxoplasmosis cases, therefore the overall figure increased considerably. The overall decreasing tendency seen over the last 6 years is mainly attributable to the trend in England and Wales (Figure TO 1). Information available is summarised in Table TO 1.

Clinical toxoplasmosis is most important in immuno-compromised persons and pregnant women, as the infection can be transmitted to the foetus and causes serious disease in the foetus, sometimes with fatal outcome. Knowledge about the source of the infection is limited, but most infections are considered foodborne, mainly due to raw or undercooked meat.

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**Table TO 1. Human toxoplasmosis**

Country	Toxoplasmosis					
	1997	1998	1999	2000	2001	2002
Austria	-	-	-	-	-	176
Denmark	-	-	-	-	19 <sup>3</sup>	12 <sup>3</sup>
Finland	45	31	48	40	48	34
Germany <sup>1</sup>	23	20	31	19	39	-
Greece	26	18	-	-	-	-
Ireland <sup>2</sup>	0	0	-	90	6	15
Italy	-	-	-	-	-	15
Portugal	-	0	-	45	40	-
Spain (SIM)	54	66	45	53	58	78
Sweden	10	11	4	13	18	10
The Netherlands	94	-	-	-	-	-
Scotland	17	12	24	20	16	31
Northern Ireland	7	0	1	5	7	12
England and Wales	298	223	156	103	109	94
Norway	-	-	-	-	-	-

<sup>1</sup> Connatal infections only

<sup>2</sup> Results from laboratories. Serological evidence of recent infection. Not a clinical diagnosis.

<sup>3</sup> Newborns, found through the national neonatal screening system

-No information available

**Figure TO1. Trend in human toxoplasmosis**

