Appendix

Case definition

Cases were classified as probable (>50% probability) or definite congenital toxoplasma infection and/or toxoplasma retinochoroiditis based on the criteria of Lebech [14] modified as follows:

i) The probability of congenital toxoplasma infection was estimated from the distribution of mother to child transmission using the first positive toxoplasma antibody test date as the latest point at which seroconversion could have occurred.[7] We assumed that the probability of transmission remained the same if spontaneous fetal loss occurred without clinical signs of toxoplasma infection or if signs were not known.[23]

ii) Children with toxoplasmic retinochoroiditis AND signs in infancy (eg: history of squint in affected eye, hydrocephalus, or neurodevelopmental delay from infancy), but no serological evidence of congenital infection were classified as probable congenital toxoplasma infection.

iii) Children presenting from the age of 4 years onwards with toxoplasmic retinochoroiditis and no other findings were more likely to have postnatally acquired than congenital infection. This is based on the following assumptions: a) postnatal infection does not occur before 2 years (hence presence of IgG before this age in a child with retinochoroiditis is assumed to reflect congenital disease); b) thereafter the rate of postnatal infection is 3.9/1000 susceptible individuals/year; [20] [24] c) 1% of infected children develop symptomatic eye disease ≥ 1 year after infection;[20][24][25] d) the incidence of congenital toxoplasma infection was 1/10,000 live births and 10% of congenitally infected children had retinochoroiditis by 1 year, and 23% by 5 year; and e) that all retinochoroidal lesions due to congenital infection were symptomatic.[2][5]