



SUPPLEMENTAL FIGURE 1. Occurrences of new toxoplasmic chorioretinal lesions: Numbers and locations by time of visit for each patient. Each open bar represents a patient, and each black vertical line represents a routine evaluation in Chicago. The length of the bar indicates the patient's current age. The number to the left of the bar is the number assigned to present that patient. Red vertical line denotes time of occurrence of new central lesions, and blue denotes time of occurrence of new peripheral lesions. R = right eye; L = left eye. Number within the parentheses is the number of new lesions found in that eye at that specific location of the retina at that visit. If a number appears to the right of an open bar, it refers to the last visit and is placed outside the bar so that the numbers are more easily read. One asterisk after R or L indicates a peripapillary lesion, and two after R or L asterisks indicate both macular and peripapillary lesion. Three asterisks after R or L indicate that the new lesions were active lesions. Yellow diamond indicates age of diagnosis prior to visit to NCCCTS (National Collaborative Chicago-Based Congenital Toxoplasmosis Study). Open diamond indicates recurrence prior to visit to NCCCTS. * within a bar indicates that at a patient's initial visit eye lesions were noted in only the right eye, + indicates that at the initial visit a patient has eye lesions in only the left eye, and \neq indicates that at the initial visit the patient had eye lesions in both the right and left eye. (Top) The 28 patients in the cohort whose infections are most likely congenital. (Bottom) The 10 patients whose origin of infection is unknown.

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		Age of first eye signs (months)		Age at diagnosis (months)	Age at referal to Chicago (months)	Preterm	Birthweight <5%	Rule out sepsis	Skin rash or petechia	Thrombocytopenia	Hepatosplenom eg aly	Jaundice or abnl liver enzymes	Microcephaly	Hydrocephalus	Brain calcifications	CSF protein elevated	CSF pleo cytosis	Severity score of right eye	Severity Score of left eye	Microcephaly	Hydrocephalus	Brain Calcifications	CSF Protein elevated	election of a 200
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SUPPLEMENTAL FIGURE 2. Clinical findings in children who develop new central toxoplasmic chorioretinal lesions (above the black horizontal line) compared with those who have not (below the black horizontal line). Thrombocytopenia: <180 000 (26- to 30-week prematurity), <150,000 (term); cerebrospinal fluid (CSF) protein elevation: >150 mg/dl (preterm), >170 mg/dl (term), >15 mg/dl (vent) and >40 mg/dl (lumbar) (>1 month old); CSF pleocytosis: >25/mm³ (preterm), >22/mm³ (term), >7/mm³ (>1 month old). Severity scores were formulated to provide uniform means to characterize impact of infection on vision: (0) normal vision, no lesion; (1) normal vision, nonmacular lesions; (2) normal vision, macular lesions; (3) impaired vision, nonmacular lesions; (4) impaired vision, macular lesions; (4.5) impaired vision, inability to view posterior because of cataracts or another eitiology; and (5) no observable light perception (retinal detachment and grossly abnormal electroretinogram). a = mild ventricular dilatation; * = earlier scans not available for review at time of publication; ** = child had magnetic resonance imaging (MRI) only; NL = pineal calcification, normal for age; ? = questionable calcification.