Toxoplasmosis is a prevalent chronic infection around the Mediterranean basin with a worldwide distribution in about a third of the world population [1]. It affects all vertebrates and is transmitted via the oral route after ingestion of food contaminated by the fecal matter of cats and dogs (fruits and vegetables) or of raw meat (spores).

*Toxoplasma gondii* has been reported for the first time in 1908 but the mode of transmission remained a mystery until 1970 when the complete cycle was discovered.

Actually, two modes of division have been reported: a sexual mode in feline hosts and an asexual mode in intermediate hosts (man, sheep) [2].

The reservoir in intermediate hosts lies in muscular, lymphatic, and nervous tissues. In the immunocompetent host, this infection is of no consequence. However, the parasite lying in these tissues remains alive and can be reactivated in case of immunodepression. In the pregnant nonimmunized woman, this parasite invades the placenta and secondarily the fetus. Only 0.1% of the world population are infected *in utero*.

Toxoplasma screening programs vary from one country to another. The only two European countries that have instituted a screening program of the parasite in the pregnant woman are France and Austria. In these countries, every pregnant woman should be screened for toxoplasmosis [3-4].

Seroprevalence is very high in France due to the ingestion of raw meat (70-90%). Seroprevalence is low in the United States, where there is no screening program for toxoplasma.

In India, toxoplasma has a lower prevalence than in France. However, there was no difference between vegetarians and non-vegetarians. Actually, this is mainly due to the presence or absence of the parasite in the soil and in vegetables that could contaminate the livestock and the edible fruit and vegetables [2].

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national guidelines. There isn’t to this day a single recent epidemiologic study on that subject in Lebanon. The paper of Bouhamdan et al. [5], even though simple and with modest means, has brought to our attention an endemic problem long-neglected by the health authorities.

In Lebanon, a rigorous screening policy should follow, as with the recommendations for premarital tests. Hence, each woman should know her toxoplasma serology status before marriage. The scenario of seroconversion during pregnancy should therefore become an exception, thanks to a rigorous health policy, and should be managed in specialized centers.

Screening is an effective means that allows us to palliate our therapeutic shortcomings. Having said that, make sure to shut the barn door before the horse runs off!

REFERENCES