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Test Name

Toxoplasma Antibodies (IgG, IgM), Pregnancy with Reflex to Confirmation

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CPT Code(s)
86777, 86778

Includes
If *Toxoplasma* (IgM), is Equivocal or Positive, *Toxoplasma* Pregnancy (more than 16 weeks) will be performed at an additional charge (CPT codes(s): 86777, 86778, 86406 x2) (For pregnant women greater than 16 weeks gestational age).
If *Toxoplasma* (IgM), is Equivocal or Positive, *Toxoplasma* Pregnancy (16 Weeks Gestation or Earlier) will be performed at an additional charge (CPT codes(s): 86777 x2, 86778) (For pregnant women less than or equal to 16 weeks gestational age).

Methodology
See individual tests

Reference Range(s)
Toxoplasma Antibody (IgG)

≤0.90	Negative
0.91-1.09	Equivocal
≥1.10	Positive

A positive result indicates infection with *Toxoplasma gondii* at some time, but does not differentiate between an active or past infection.

Toxoplasma Antibody (IgM) Negative

Clinical Significance
Toxoplasma gondii infection acquired by a woman during pregnancy can be transmitted to the fetus and lead to severe manifestations of congenital infection, including mental retardation, seizures, blindness, and hearing loss. It is estimated that 500-5000 infants are born with congenital toxoplasmosis each year in the United States.¹ Transmission to the fetus occurs predominantly in women who first become infected during pregnancy, yet most pregnant women with acute infection do not experience any obvious signs or symptoms. To reduce the burden of congenital toxoplasmosis, the optimal strategy would be routine antibody screening for *T. gondii* IgG and IgM antibodies in all pregnant women (ideally during the first trimester) with monthly follow-up screening in seronegative women. Such screening would allow for detection of seroconversion and early initiation of appropriate treatment. Although screening is rarely performed in the U.S., such screening is mandated in some countries (e.g., France) to facilitate early detection of recently acquired infection.² In the U.S., serologic testing of pregnant women is often performed as a result of abnormalities found on fetal ultrasound.

References:
1. Roberts T, Frenkel JK. Estimating income losses and other preventable costs caused by congenital toxoplasmosis in people in the United States. *J Am Vet Med Assoc* 1990;196:249-56.
2. Montoya JG, Remington JS. Management of *Toxoplasma gondii* infection during pregnancy. *Clin Infect Dis* 2008; 47:554-66.

Alternative Name(s)
Toxo IgM Pregnancy, Toxo IgM with Avidity

RELATED GUIDES

HIV Infection: Laboratory Testing for Diagnosis and Management

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Reference ranges are provided as general guidance only. To interpret test results use the reference range in the laboratory report.

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