

# Evidence based guideline for toxoplasmosis during pregnancy

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Colombia was the first country in the world in to develop one evidence based guideline for toxoplasmosis. The project was presented in 2010, begun in 2011 and it was published in Spanish in **Infectio** in December 2012<sup>1</sup>. This guideline was part of the evidence based guidelines for infectious and hemorrhagic complication of the pregnancy developed by the ministry of Health and Colciencias: [http://gpc.minsalud.gov.co/gpc\\_sites/Repositorio/Conv\\_500/GPC\\_embarazo/gpc\\_embarazo.aspx](http://gpc.minsalud.gov.co/gpc_sites/Repositorio/Conv_500/GPC_embarazo/gpc_embarazo.aspx).

In the past, political decision to implement, or not, national programs for toxoplasmosis were based on epidemiological and clinical studies (e.g. France, Denmark or Austria that decide to implement or England that decide not implementation). Some informal recommendations were previously made in Argentina, Spain and during an international meeting in Colombia in 2007<sup>2</sup>. Today, the application of evidence based clinical recommendations, in each health system, need a standardized formulation. This should be made with external evaluation and socioeconomical analysis of the impact of the implementation of guidelines, to attain independent and scientifically valid evaluation for cost benefit equilibrated health decisions, that will guarantees the viability of the health system. The Colombian guidelines accomplished each step with a rigorous and systematic methodology. The Colombian guidelines is one step forward to the American Academy of Pediatrics (AAP) technical report<sup>3</sup> because included recommendations and economical evaluation of the impact of its application. Moreover, the Ministry of Health of Colombia develop a tool to estimate the economic impact in different scenario of health expenses: [http://mps1.minproteccion-social.gov.co/HAIP/AIP\\_CPN](http://mps1.minproteccion-social.gov.co/HAIP/AIP_CPN).

The Colombian Association of Infectious Diseases (ACIN) have assumed the costs of english translation of this guideline that

is published in the present number of **Infectio**. We think that the Colombian effort to elaborate this guideline can be very useful to other countries and can be a basis for local adaptations. Although have passed three years after its diffusion in Spanish, they still valid in its great part. In fact, recent publications have given additional support to the most important recommendation: the monthly screening based on IgM anti-*Toxoplasma* during pregnancy for seronegatives women<sup>4</sup>. This aspect was widely analyzed in the AAP technical report<sup>3</sup>.

I have been witness that before the implementation of the guidelines in my region, there were one to three cases each year of hydranencephaly, but there were no more cases after the implementation of the recommendation. Only in present year I has had one case of one girl of an indigenous group that for cultural reasons do not assisted to the prenatal control. I hope this observation correspond to truly application of the guidelines and that no more severe cases I will see in the future.

## References

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