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Concurrent Seroprevalence of Antibodies to *Toxoplasma gondii* and *Toxocara* Species in the United States, 2011–2014

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To the Editor—

We report supplemental findings incorporating *Toxoplasma gondii* serology results from our study of risk factors for *Toxocara* seropositivity in the United States [1] using stored serum samples collected from the National Health and Nutrition Examination Survey (NHANES), 2011–2014. Whereas *T. gondii* is a protozoan parasite and *Toxocara* is an intestinal nematode, both share ingestion of contaminated soil as means of exposure in humans. Both parasites can contaminate soil when environmentally resistant *T. gondii* oocysts or *Toxocara cati* eggs are shed in the feces of infected cats [2, 3].

Of the 13 509 persons in our study who had samples available for testing for *Toxocara* antibody, 13 507 and 13 194, respectively, underwent *T. gondii* immunoglobulin (Ig) G and IgM enzyme immunoassay testing (Bio-Rad). Women pregnant at the time samples were collected or 1 year previously were excluded from IgM testing. The age-standardized weighted estimate of *T. gondii* IgG seroprevalence was 10.4% (95% confidence interval [CI], 9.2%–11.8%) [4], lower than the previously reported age-standardized seroprevalence of 12.4% from NHANES 2009–2010 [5]. Of the 1635 individuals who were *T. gondii* IgG positive and also underwent IgM testing, an age-standardized weighted estimate of 92.9% (95% CI, 90.2%–95.0%) were *T. gondii* IgM seronegative, suggesting that they had been infected for 6 months at the time their blood sample was collected.

We note that *T. gondii* IgG seropositivity is a risk factor (odds ratio, 2.2; 95% CI, 1.7–2.9) for *Toxocara* seropositivity when incorporated into the multiple logistic regression model from our previous report (Table 1). The following are again risk factors for *Toxocara* seropositivity: age 70 years (vs 6–11 years), non-Hispanic black race/Hispanic origin (vs

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non-Hispanic white), male sex, living below the poverty level, households with 0.5 persons per room, educational level less than college, and birth outside the United States.

These results suggest that exposure to both *T. gondii* and *Toxocara* is common in the United States and could be explained through a common route of exposure of ingestion of contaminated soil. We caution that, although the largely seronegative results of *T. gondii* IgM testing suggest that most of the *T. gondii* IgG–positive individuals had been infected for 6 months, exposure to these 2 parasites may not have occurred at the same time, because the *Toxocara* IgG serology cannot differentiate between recent and remote infection [6].

A similar association between exposure to *T. gondii* and *Toxocara* was observed in the previous NHANES survey, 1988–1994 [7]. Both toxocariasis and toxoplasmosis can be prevented by hand washing after contact with soil and reducing soil contamination by cat feees [8].

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Table 1.

Risk Factors for Toxocara Seropositivity, Accounting for *Toxoplasma gondii* Seropositivity, as Estimated With a Full Logistic Regression Model for All Persons 6 Years of Age, NHANES 2011–2014

OR (95% CI
Reference
1.1 (.6–1.9)
1.3 (.7–2.3)
1.2 (.6–2.1)
1.4 (.8–2.4)
1.8 (1.0–3.4)
1.4 (.9–2.4)
.0 (1.1–3.8)
Reference
.4 (1.0–1.9)
0.8 (.5–1.3)
0.6 (.4–1.0)
1.1 (.7–1.6)
Reference
.8 (1.5–2.2)
.9 (1.4–2.5)
Reference
.3 (1.0–1.6)
Reference
Reference
.8 (1.4–2.3)
Reference
Reference
.1 (2.1–4.4)
Reference
D
Reference

Abbreviations: CI, confidence interval; NHANES, National Health and Nutrition Examination Survey; OR, odds ratio.

 $^{a}P < .05.$

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