

Congenital Toxoplasmosis in Brazil: Epidemiological Trends and the Role of Prenatal Care

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Objective

To analyze epidemiological trends of congenital toxoplasmosis in Brazil between 2020 and 2024 and evaluate their association with prenatal care indicators.

Methods

This retrospective study used data from the SIH-SUS/DATASUS and related national health information systems. Incidence rates were calculated per 100,000 live births and stratified by region. Serological testing coverage and the number of prenatal visits were assessed.

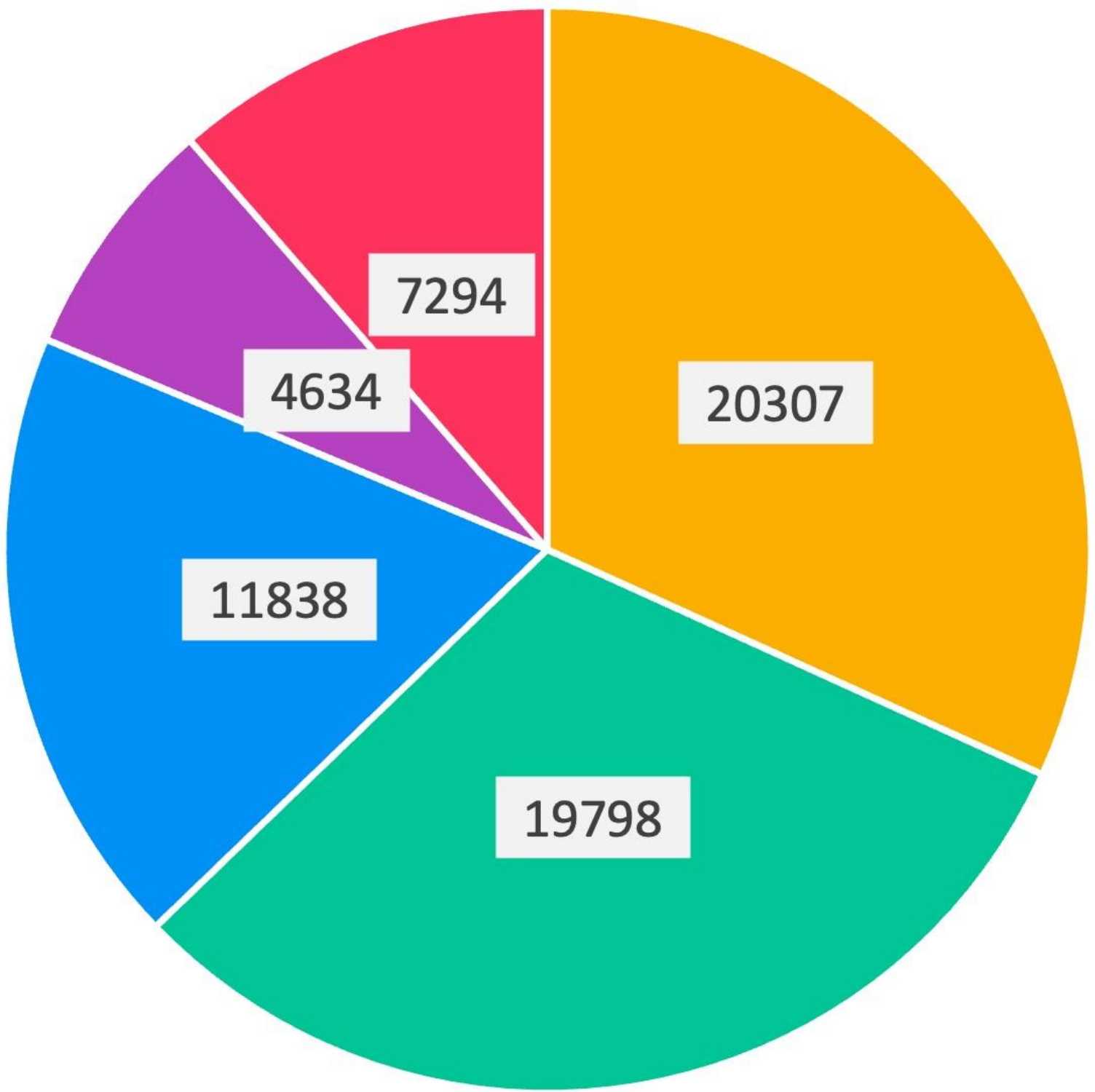
Results

Between 2020 and 2024, 92,923 cases of gestational (66,518) and congenital (26,405) toxoplasmosis were reported. National incidence increased from 112.0 to 300.4 per 100,000 live births (+168%). Regional incidence rates were 183.8 in the North, 216.9 in the Northeast, 173.8 in the Southeast, 247.8 in the South, and 259.5 in the Midwest. In absolute numbers, the Southeast accounted for the highest number of cases (28,976). Approximately 35.3 million IgG/IgM serological tests were performed within the public health system during the study period. Testing density was highest in the Southeast (323,000 tests per year) and South (313,000 tests per year) and lowest in the North (219,000 tests per year) and Northeast (253,000 tests per year). National coverage of seven or more prenatal visits was 74.9%, with lower rates in the North (57.6%) and Northeast (71.3%), indicating greater social and healthcare vulnerability in these regions.

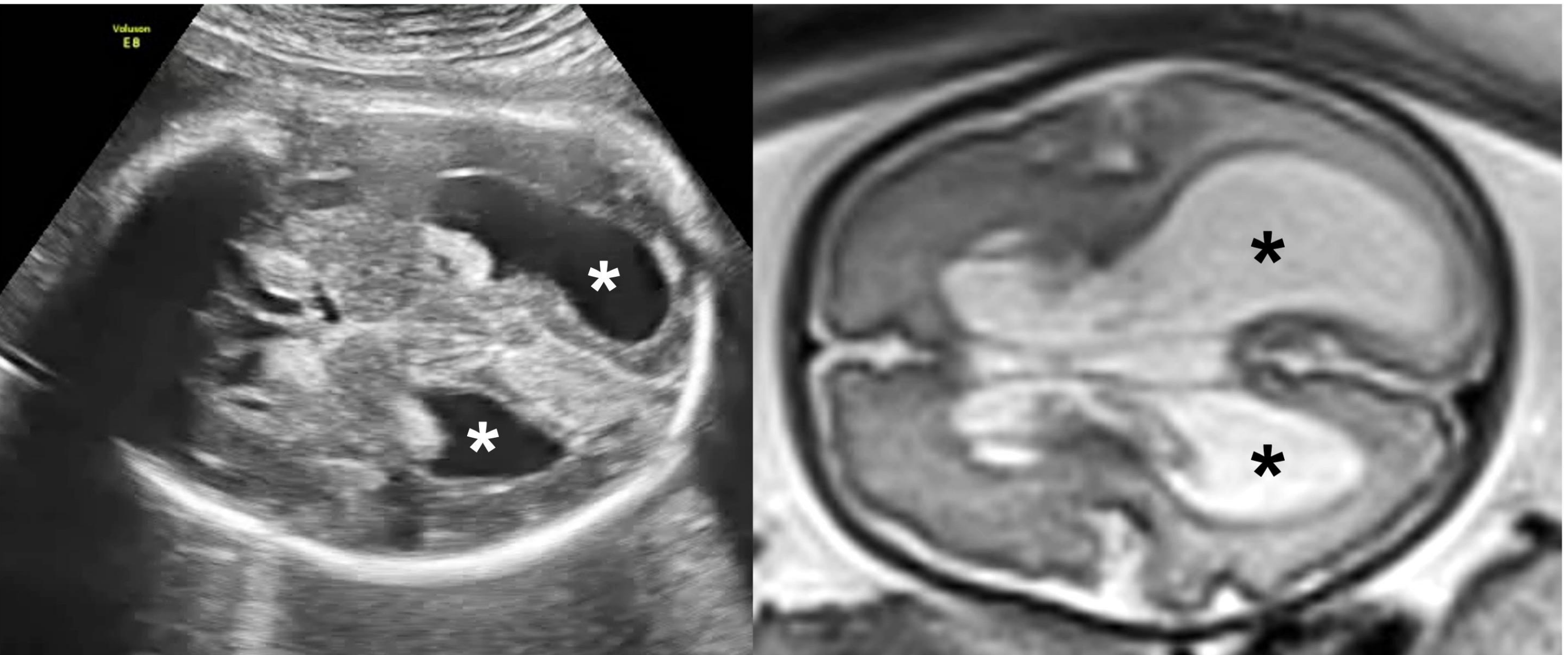
Conclusion

Congenital toxoplasmosis is largely preventable through early diagnosis and adequate prenatal care. However, substantial regional inequalities in access to screening and healthcare services persist in Brazil. Disparities in prenatal follow-up and diagnostic testing significantly influence disease incidence. Expanding access to screening, strengthening primary care, and investing in health education are essential to reduce the burden of congenital toxoplasmosis.

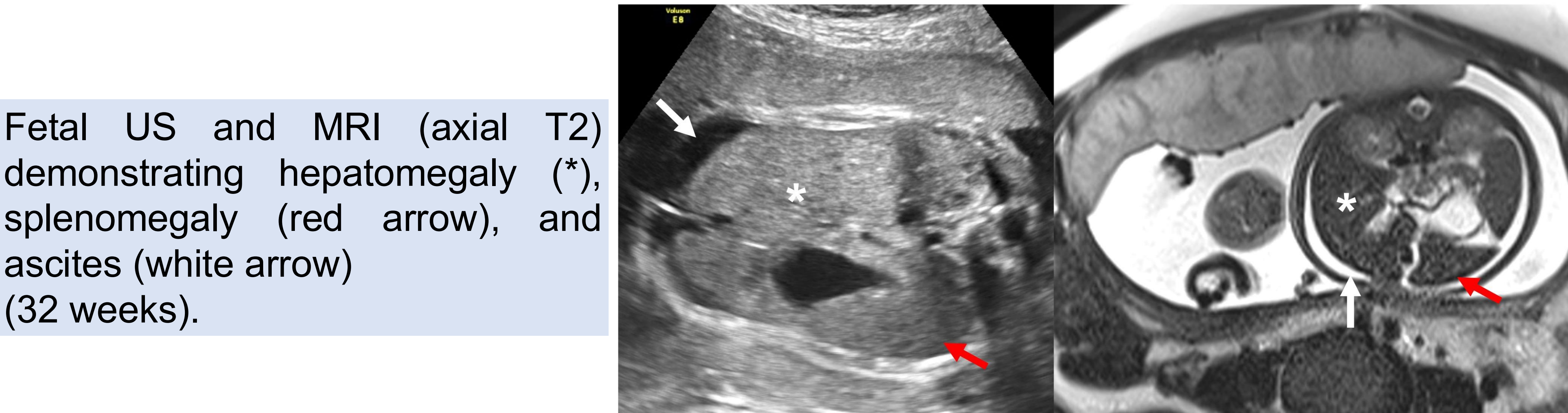
Gestational Toxoplasmosis 2020–2024



North East Southeast South Central-West North



Fetal US and MRI (axial T2) demonstrating ventricular dilation (*) (32 weeks).



Fetal US and MRI (axial T2) demonstrating hepatomegaly (*), splenomegaly (red arrow), and ascites (white arrow) (32 weeks).