Toxoplasma gondii (description for intermediate hosts)

Host species

- Cat (definitive host) (Jones 1973, Wong & Remington 1993)
- All laboratory and domestic animals, birds and humans (intermediate hosts)
- Differential host species susceptibility is reviewed by Innes (1997)

Organotropism

- Central nervous system (Jones 1973, Wong & Remington 1993)
- Muscle and other organs may also be involved.

Clinical disease

- Usually inapparent
- Occasionally neurological symptoms and/or febrile disease

Morbidity and mortality

- Largely depending on the route of infection, parasite strain and dose, and the immunologic state of the host (Dubey & Frenkel 1973, Fernando 1982, Suzuki et al. 1988)
- Clinical disease most likely in young animals or immunocompromised hosts
- Resistance to acute infection and formation of cysts in the brain of mice are genetically controlled (Araujo et al. 1976, Williams et al. 1978).
- Differences in a gene(s) within the H-2D region correlate with resistance or susceptibility to development of Toxoplasma (T.) encephalitis in mice (Jones & Erb 1985, Suzuki et al. 1991, Blackwell et al. 1993).
- Age, gender, and pregnancy influence susceptibility to T. gondii infection in mice (Johnson et al. 1995, Thouvenin et al. 1997, Walker et al. 1997).

Zoonotic relevance

• Transmission to humans from other intermediate hosts only by ingestion of uncooked tissues containing T. gondii (Dubey 1994).

Interference with research

Physiology

- Mice infected with T. gondii exhibit ovarian dysfunction with uterine atrophy and thyroidal dysfunction (decline in serum thyroxine levels), probably due to impaired release of hypothalamic releasing hormones (Stahl et al. 1995a, 1995b, Stahl et al. 1998)
- T. gondii infection increases toxicity of some drugs (e.g., neostigmine) (Starec et al. 1997)

Pathology

- Central nervous system: organisms intra- or extracellular in the neuropil, within granulomatous encephalitis, glial nodules or perivascular infiltration; occasionally accompanied by meningitis and/or scattered neuronal degeneration; occasionally fibrinoid necrosis of vessel walls in association with microthrombi in the centres of small necrotic foci (Sasaki et al. 1981, Hay et al. 1984, Kittas et al. 1984, Ferguson & Hutchinson 1987, Ferguson et al. 1991).
- Lesions in immunocompromised hosts may lack inflammatory infiltrates and solely consist of small necrotic foci and scattered cysts (Buxton 1980, Johnson 1992)
- Muscle and other organs may be involved with necrotic foci, granulomas and pseudocysts

Immunology

- Acute and chronic T. gondii infection modulate the immune responses in mice (Nguyen et al. 1998)
- T. gondii is able to induce transient immune down-regulation (Channon & Kasper 1996, Denkers et al. 1996, Khan et al. 1996)
- T. gondii-infected cells are resistant to multiple inducers of apoptosis (Nash et al. 1998).
- Gamma delta T cells induce expression of heat shock protein 65 in macrophages of mice infected with T. gondii, thereby preventing the apoptosis of infected macrophages (Hisaeda et al. 1997).
- Intracellular T. gondii interferes with the MHC class I and class II antigen presentation pathway of murine macrophages (Luder et al. 1998).
- CD4+ and CD8+ T lymphocytes appear to act in concert to prevent reactivation of chronic T. gondii infection (Brown & McLeod 1990, Araujo 1991, Gazzinelli et al. 1992c).
- NK cell activity and production of IFN-g are increased during the course of T. gondii infection in mice; IFN-g plays a critical role in preventing cyst rupture and toxoplasmic encephalitis (Hauser et al. 1982, Suzuki et al. 1989, Sher et al. 1993, Hunter et al. 1994a).
- Cytokine levels are elevated in infected humans and in murine models of toxoplasmosis. Overview about immunopathology of T. gondii infection: Beaman et al. 1992, Gazzinelli et al. 1993, Subauste & Remington 1993, Hunter & Remington 1994, Hunter et al. 1994b.
- IL-12 is crucial for the generation of both innate resistance mechanisms during the acute phase of infection and T cell-dependent acquired immunity during the chronic phase (Johnson & Sayles, 1997).
- Various other cytokines, such as IFN-b, IL-1, IL-4, IL-6, IL-10, TGF-b, and TNF-a, are implicated in the pathogenesis of T. gondii infection (Chang et al. 1990, Orellana et al. 1991, Gazinelli et al. 1992b, Sher et al. 1993, Hunter et al. 1995a,

1995b, Roberts et al. 1996, Bessieres et al. 1997, Neyer et al. 1997, Deckert-Schluter et al. 1998, Jebbari et al. 1998).

- Inducible nitric oxide is essential for host control of chronic T. gondii infection (Scharton-Kersten et al. 1997).
- Innate resistance mechanisms during T. gondii infection are reviewed by Alexander et al. (1997); T cell-mediated immunity during T. gondii infection is reviewed by Denkers & Gazzinelli (1998).

Infectiology

- Macrophage clearance and killing of Listeria monocytogenes and Salmonella typhimurium are decreased in mice infected with T. gondii (Wing et al. 1983)
- Infection with murine leukemia virus may lead to reactivation of chronic T. gondii infection (Gazzinelli et al. 1992a, Watanabe et al. 1993)
- Infection with murine cytomegalovirus results in reactivation of Toxoplasma pneumonia (Goetz & Pomeroy 1996)
- Mice infected with T. gondii are resistant to proliferation of Cryptococcus neoformans cells in the brain (Aguirre et al. 1996)

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