

WHO to shift focus on eliminating Chagas disease

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The World Health Organization (WHO) is shifting its focus towards active screening of girls and women of childbearing age to detect the presence of *Trypanosoma cruzi*, the causative parasite of Chagas disease.

Recent evidence demonstrates that diagnosing and treating women of this age group before pregnancy can effectively prevent congenital transmission.

Chagas disease is found mainly in endemic areas of 21 Latin American countries⁵ where infection is transmitted mostly by vectors to humans by contact with faeces or urine of triatomine bugs (known as “kissing bugs”, among many other popular names).

According to Dr Pedro Albajar Viñas, Medical Officer, WHO Department of Control of Neglected Tropical Diseases, “Identifying pregnant women already infected with the parasite, as well as newborns and siblings, has been a major challenge in both endemic and non-endemic countries. With the progressive control of transmission by vectors and through blood transfusion, updating, reinforcing and expanding standardized screening measures for congenital transmission make absolute sense.”

Up to now, control and prevention strategies for Chagas disease largely relied on the early detection and treatment of infected newborns and siblings of pregnant women. But a recent shift in approaches to prevent transmission globally – including in non-endemic countries – is through active, systematic screening of girls and women at risk of infection.

Dr Manuel Segovia, Director of the Regional Unit of Tropical Medicine, Hospital Clínico Universitario Virgen de la Arrixaca, Murcia, Spain said, “There are several instruments through which detection can be done and these can be complemented in combination with biomedical and psychosocial strategies. Once infection is confirmed in a patient, physical and complementary examinations are needed to determine the clinical presentation of the disease.”

Accelerating the elimination of congenital transmission will mean implementing strategies and methods to detect, screen and

diagnose all infected pregnant women as well as infected newborns and their siblings and to treat them as soon as possible.

According to Dr Amadeo Sáez-Alquezar, National Programme of Quality Control, Brazilian Society of Clinical Analysis, "Implementing universal screening programmes requires appropriate laboratory protocols that, according to availability, should include old and new diagnostic tests, such as standardized and validated chemiluminescence. This also implies building capacity and assessing the costs of implementation of screening and diagnosis as well as the necessary follow-up of patients."