

EFFORTS FOR THE ELIMINATION OF CONGENITAL CHAGAS DISEASE IN SELECTED COUNTRIES IN THE AMERICAS

The burden of Chagas disease in the Region of the Americas was reduced by great achievements in vector control in recent years. Among the 21 endemic countries at least 17 countries have achieved interruption of vector transmission by certain types of vectors nationally, or at subnational high prevalence areas. These achievements were possible particularly through education and communication campaigns, indoor residual spraying, and house improvements. Screening of blood donors to stop transmission via transfusion has also contributed to reduce the burden of the disease. All endemic countries have introduced routine testing to detect *T. cruzi* in blood units, and the overall coverage of testing have reached 95.2% in 2017.

Along with the sharp decline in vector and transfusion transmissions, mother-to-child transmission has gained relevance in the Region, and is currently the main mode of transmission of *T. cruzi* in vector-free areas within and outside Latin America⁴⁶. Approximately two million women of childbearing age throughout the Americas are infected with *T. cruzi* and unknowingly at risk of transmitting the infection to their newborns resulting in an estimated 8,000 babies born with Chagas every year in the Americas.

Three countries, Argentina, Chile, and Uruguay, have national policies for universal screening of pregnant women for *T. cruzi*. Brazil, Colombia, Honduras, and Paraguay have policies for routine screening of pregnant women from areas of high endemicity and/

or with other risk factors. All 21 endemic countries in the Region have the capacity to perform serological screening for Chagas disease in a decentralized manner. Diagnosis through parasitological methods, recommended in the case of exposed infants, is mostly centralized in reference laboratories. Although the recommended interventions for the control and elimination of congenital Chagas disease are available in all endemic countries, the data regarding service coverage is limited. As part of the implementation of the EMTCT Plus initiative, several Latin American countries are revising and updating their information systems to monitor Chagas programmatic indicators.

The development and strengthening of the diagnosis, treatment, and prevention of congenital Chagas, within the EMTCT Plus initiative, has been slow and gradual, with notable differences across the various endemic countries. This progress has been fundamentally affected by the COVID-19 pandemic, causing a great impact on activities related to prevention, control, and care of one of the most silent neglected diseases. However, some of the endemic countries managed to maintain a level of actions, which expressed encouraging results for the future. Data reported by Argentina, Bolivia, Chile and Paraguay highlight the need to scale up interventions for the screening of Chagas among pregnant women, and diagnosis and treatment of infected infants.

EMTCT Plus

Iniciativa 2010-2021



Country	Argentina			Bolivia			Chile			Paraguay		
Year	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
Total estimated number pregnant women	750,000	754,000	752,000	247,000	247,000	247,000	231,000	229,000	227,000	143,000	143,000	143,000
Pregnant women screened for Chagas disease. n (%)	260,119 (34%)	244,493 (32%)	195,105 (26%)	144,321 (58%)	143,608 (58%)	109,238 (44%)	94,369 (41%)	87,795 (38%)	76,298 (34%)	12,046 (8%)	16,527 (12%)	14,732 (10%)
Pregnant women seropositive for Chagas. n (%)	4,910 (2%)	4,316 (2%)	3,033 (2%)	20,265 (14%)	18,267 (13%)	13,144 (12%)	452 (0.4%)	247 (0.3%)	253 (0.3%)	273 (2%)	271 (2%)	296 (2%)
Exposed newborns studied for Chagas disease. n (%)	1,524 (31%)	179 (4%)	59 (2%)	10,715 (53%)	12,636 (69%)	603 (5%)	227 (50%)	180 (73%)	313 (~100%)	36 (13%)	136 (50%)	87 (29%)
Exposed newborns seropositive for Chagas. n (%)	58 (4%)	68 (38%)	37 (63%)	180 (2%)	181 (1%)	76 (13%)	17 (7%)	12 (7%)	20 (6%)	10 (28%)	4 (3%)	3 (3%)
Infected newborns treated for Chagas. n (%)	56 (97%)	75 (~100%)	39 (~100%)	153 (85%)	142 (78%)	47 (62%)	15 (88%)	12 (100%)	17 (85%)	-	-	3 (100%)

Source: Information reported by Countries directly to PAHO.

Argentina. Ministerio de Salud. Dirección Nacional de Epidemiología y Análisis de la Situación de Salud. Boletín Integrado de Vigilancia, N° 391– SE 51; 2017. Available from: https://www.argentina.gov.ar/sites/default/files/biv_n391-se51.pdf

Gobierno de Chile. Ministerio de Salud. Informe Estrategia Integrada de Prevención y Control de la Enfermedad de Chagas, 2017. Available from: https://diprece.minsal.cl/wp-content/uploads/2018/10/FOLLETO_PROGRAMA-CHAGAS.pdf

Gobierno de Chile. Ministerio de Salud. Informe de vigilancia integrada anual. Enfermedad de Chagas. Periodo 2020, 2022. https://diprece.minsal.cl/wp-content/uploads/2022/03/2022.03.14_INFORME-ENFERMEDAD-DE-CHAGAS.pdf

Paraguay. Ministerio de Salud Pública y Bienestar Social. Servicio Nacional de Erradicación del Paludismo. Memoria Anual Institucional 2017; 2017. Available from: <https://www.mspbs.gov.py/senepa>