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**PAHO Consultation  
on  
Congenital Chagas Disease,  
Its Epidemiology and Management**



(Montevideo, Uruguay, 24–25 June 2004)

**Communicable Disease Unit  
Disease Prevention and Control  
(PAHO/AD/DPC/CD)**

**in collaboration with  
Latin American Center for Perinatology and Human Development  
(CLAP)**

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## Objectives

To consult with researchers, clinicians, and program managers dealing with Congenital Chagas Disease, for the following purposes:

- To arrive at and update a situational diagnosis of the disease and its management.
- To develop guidelines for a management guide.
- To establish a risk and impact projection on the disease in the Region.
- To generate guidelines to regularly and sustainably implement the necessary actions in the countries.

## Participants

A select group of researchers, clinicians, program managers, and program operators working with Congenital Chagas Disease in the Region of the Americas, with subregional emphasis on the Southern Cone and with the participation of the *Université Libre de Bruxelles/ULB* (Free University of Brussels), Belgium.

## Recommendations

After due consideration, the Advisory Group recommends the following:

1. The Advisory Group considers it indispensable to carry out intervention and control activities to prevent and control congenital infection by *Trypanosoma cruzi*, due to the importance that the latter has on children's health and the epidemiology of the parasitosis.
2. In consideration of the historic time that Chagas disease control is now going through throughout the Region of the Americas, the Advisory Group wishes to express the need to consolidate successful actions and to increase efforts to control vectoral and transfusional transmission of *T. cruzi*.

3. The Advisory Group points out that, in those regions where achievements or advancements have been made in controlling vectoral and transfusional *T. cruzi* transmission, congenital transmission constitutes the main and most persistent form of the parasitosis among the human population.
4. The Advisory Group considers that the document *Congenital Infection from T. CRUZI: From Mechanisms of Transmission to Strategies for Diagnosis and Control* (Rev. Soc. Bras. Med. Trop., 2003, 36 (6): 767-771), resulting from the International Colloquium at Cochabamba, Bolivia (6–8 November 2002), reflects the main orientations and provides fundamental guidelines on which to base the necessary screening, diagnosis, treatment and monitoring in order to deal with individual cases completely and correctly, as well as with the public-health problem that Congenital Chagas Disease represents.
5. The Advisory Group recommends that **basic data** on Congenital Chagas Disease be integrated into the PAHO/CLAP Perinatal Information System. In addition, it recommends that the problems of this parasitosis be incorporated into **technical-cooperation activities in the area of maternal and child health** that the Center promotes in the Region of the Americas.
6. The Advisory Group insists on the need for **greater coordination of activities and interventions** in the area of maternal and child health, in such a way that the activities aimed at screening, diagnosis, treatment, and monitoring of Congenital Chagas Disease be given preference both through routine vaccinations and/or clinical controls in each country, in order to achieve greater operational effectiveness, efficiency, and sustainability.
7. The Advisory Group proposes the following as a basic scheme for screening and diagnosis procedures, so that the countries can implement adequate, feasible, effective, efficient, and sustainable program activities actions against Congenital Chagas Disease:
  - a. **Universal maternal serological testing**, first during pregnancy or upon admission to hospital for childbirth.
  - b. **For children with positive Chagas serology:**
    - i. Direct neonatal parasitological testing.
    - ii. Conventional serological testing differed between 9 and 12 months of age.

In communities with a high incidence of vectoral transmission and **acute infection during pregnancy**, regardless of relevance, the possibility should be explored to provide universal testing for *T. cruzi* infection among all newborns.

In countries with a high frequency of home deliveries, newborns should be tested during their first contact with the health system.

8. With regard to treatment, the Advisory Group considers the following indispensable:
  - a. That the countries allocate resources for the procurement of specific drugs (nifurtimox and benznidazole) and recommends a purchasing system managed with PAHO cooperation.
  - b. That the countries **make pediatric presentations of these drugs available** for the etiologic treatment; for this reason, the Advisory Group exhorts governments, NGOs, international organizations, and industry to implement the corresponding actions.
9. With regard to the family health, the Advisory Group recommends the following:
  - a. To expand testing to all children whose mother has a positive serology.
  - b. To provide medical care for the infected mother.
10. The Advisory Group reaffirms the need for developing programs and control measures for Congenital Chagas Disease **throughout the entire country** (in both endemic and non-endemic areas), due to the demographic and migratory realities that surpass all past and present limits in these areas to control vectoral transmission.
11. The Advisory Group considers it fundamental that the plans and operations developed for screening, diagnosis, treatment, and monitoring of Congenital Chagas Disease **be incorporated definitively into the national health system** at all levels of complexity, and integrated into Primary Health Care (PHC).
12. The Advisory Group considers it necessary to implement processes to educate and continually train human resources, so that they might carry out the recommended actions.
13. The Advisory Group invites the countries to make compulsory and to regulate screening, diagnosis, treatment, and monitoring of Congenital Chagas Disease, within its legal and/or health regulatory system.
14. The Advisory Group deems it of the greatest importance and interest to **promote interagency technical cooperation** between PAHO/WHO, the Belgian Cooperation agency, and the French Institute for Research in Development (*Institut de Recherche en Développement / IRD*), to support the organization, development, scientific research, and human-resources training required to strengthen control measures against Congenital Chagas Disease in the Region of the Americas.

## Annex I: Agenda

All presentations were made in Spanish.

*Meeting Site:* Latin American Center for Perinatology and Human Development (PAHO/CLAP).  
Hospital de Clínicas “Dr. M. Quintela”, 16<sup>th</sup> floor. Av. Italia s/N°, Montevideo. Uruguay.  
All activities were held on the 15<sup>th</sup> floor in the CLAP meeting room.

### Thursday, 24 June 2004

- 09:00 Opening ceremony.  
09:30 **Diagnostic Situation Report**  
10:00 Congenitally Transmitted Infectious Diseases in the Americas  
(*Dr. José Luis Díaz Rossello*)

*10:15 Coffee Break*

- 10:45 Strategies to Diagnose and Control Congenital *T. cruzi* Transmission:  
Summary of the Cochabamba Document  
(*Dr. Yves Carlier*)

#### **Experiences in Controlling Congenital Chagas Disease**

- 11:15 Argentina (*Dra. Sonia Blanco, Argentina*)  
11:30 Chile (*Dra. Myriam Lorca, Chile*)  
11:45 Bolivia (*Dr. Faustino Torrico, Bolivia; Dr. Laurent Brutus, IRD-France*)  
12:00 Uruguay (*Drs. M. Sarasúa, G. Queiruga, A. González y A. Lena, Uruguay*)

#### **Contributions to the Topic of Congenital Chagas Disease**

- 14:00 Congenital Chagas Disease (*Drs. H. Freilij, M. Biancardi y J. Altcheh*)  
14:30 Congenital Chagas Disease: The Case of Córdoba (*Drs. E. Moretti y B. Basso*)

*15:00 Coffee Break*

- 15:30 Mechanisms of Transmission and Progression of Congenital *Trypanosoma cruzi* Infection  
(*Dr. Yves Carlier*)

### Friday, 25 June 2004

- 09:00 Review of the Methodological and Organization Proposal for Action to  
Diagnose and Manage Congenital Chagas Disease

*10:15 Coffee Break*

- 10:45 Discussion of the Proposal  
14:00 Formulation of Recommendations and Conclusions

*15:00 Coffee Break*

- 15:30 Finish formulating Recommendation and Conclusions  
17:00 Closure

## Annex II: List of Participants

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