

## Informal Consultation on Chagas Disease in the Western Pacific



Nagasaki, Japan  
29–30 June 2011

# **REPORT**

## **INFORMAL CONSULTATION ON CHAGAS DISEASE IN THE WESTERN PACIFIC**

Convened by:

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Nagasaki, Japan  
29-30 June 2011

Not for sale

Printed and distributed by

World Health Organization  
Regional Office for the Western Pacific  
Manila, Philippines

August 2011

## **NOTE**

The views expressed in this report are those of the participants in the Informal Consultation on Chagas Disease in the Western Pacific and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Informal Consultation on Chagas Disease in the Western Pacific, which was held in Nagasaki, Japan, from 29 to 30 June 2011.

## **Acknowledgement**

This meeting report was developed by the World Health Organization Regional Office of the Western Pacific in collaboration with the WHO Department of Control of Neglected Tropical Diseases and the Institute of Tropical Medicine, Nagasaki University, Japan.

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## LIST OF ACRONYMS

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DNDi	Drugs for Neglected Diseases initiative
ECLAT	European Community Latin America Triatominae research network
ELISA	Enzyme-linked immunosorbent assay
ER	Expected result
FDA	Food and Drug Administration
HLA	Human Leukocyte Antigen
IFAT	Indirect Immunofluorescence Antibody Test
IVC	Integrated Vector Control
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MVP	Malaria, Other Vector-borne and Other Parasitic Diseases Unit of WHO
NGO	Nongovernmental organization
NTDs	Neglected tropical diseases
PCR	Polymerase chain reaction
SOP	Standard Operating Procedures
TGA	Therapeutic Goods Administration,
TDR	Special Programme for Research and Training in Tropical Diseases

## SUMMARY

Chagas disease used to be a public health problem specific to Latin America but has evolved into a global issue. Because migrants' and travellers' movements are continuously increasing, Chagas disease cases have been reported in 19 nonendemic countries outside Latin America, including Japan and Australia.

A meeting to review the global management of Chagas disease in 2007 recommended establishing an initiative of controlling it in nonendemic countries. Sessions and consultations have been organized in different parts of the world on ways to address this issue.

In the Western Pacific Region, an informal consultation held in Nagasaki, Japan, was the first opportunity to revise intensively the evolving situation with regard to Chagas disease. This consultation was organized jointly by WHO's Department of Control of Neglected Tropical Diseases, the Western Pacific Regional Office and the Institute of Tropical Medicine of Nagasaki University.

A total of 10 advisers and seven observers from Australia, China, Japan, Viet Nam and Thailand participated. Their expertise varies from health care to blood transfusion, epidemiology, medical entomology, drug development and international cooperation. Participants were from governments, Red Cross Blood Services, the research centre and universities.

The objectives of the informal consultation were to update and analyse the epidemiological situation of Chagas disease, to discuss the risk of transmission in nonendemic countries and to plan for the next steps on how to address Chagas disease in the Western Pacific Region.

Information was shared through a series of presentations on the situations of the four participating countries as well as on Chagas disease vector in Asia, WHO recommendations on screening for transfusion transmissible infections, Japan's activities in drug development and vector control in Central America.

In the group discussion, three questions were raised: whether Chagas disease was becoming a public health problem, how to deal with the cases and what to do as the next steps. These questions were discussed extensively and answered in terms of case detection and health care, prevention of transmission and vector surveillance and control.

The following were the conclusions of the consultation:

- (1) Chagas disease has a high potential of becoming a public health problem in the Western Pacific Region.
- (2) Sufficient data is available to declare that Chagas disease is a high potential problem, which requires further investigations and actions.
- (3) Participants agree that the countries of the Western Pacific Region should actively participate in the Initiative of Chagas Disease Non-endemic Countries.

As a general recommendation, it is desirable to develop a network for information-sharing and improved coordination among governments, relevant stakeholders and partners working on blood services, organ transplantation centres, information and surveillance systems, travel medicine, health care systems and others.

## 1. INTRODUCTION

Chagas disease is caused by the protozoan parasite *Trypanosoma cruzi* and is mainly transmitted through contact with infected faeces of haematophagous triatomine insects of the genera *Triatoma*, *Rhodnius* and *Panstrongylus*. These insects typically live in the cracks of poorly-constructed homes in rural or suburban areas, hide during the day and become active at night. They usually bite an exposed area of skin, such as the face, and defecate close to the bite. The parasites enter the body when the person instinctively smears the faeces into the bite or into any other skin break of mucous membranes of the eyes or mouth. Transmission can also occur through contaminated food, blood transfusions, congenital (mother to child) route, organ transplantation and laboratory accidents.

Historically, Latin America has been the endemic region for Chagas disease, where it constitutes a major public health problem with serious economic impact. In 2006, it was estimated that about 8 million people were infected in Latin America. To control transmission through domiciliated vectors and contaminated blood in this region, several regional initiatives at the country and subregional levels were created in the 1990s. This led to several success stories, including significant reduction in transmission by triatomine insects in Brazil, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Paraguay and interruption of vector transmission in Chile and Uruguay.

Moreover, screening for *T. cruzi* in blood banks was implemented in 20 of 21 Latin American countries. Since 2000, *T. cruzi* infection transmission and Chagas disease cases have been increasingly detected in 19 nonendemic countries outside Latin America, mostly due to population movements, mainly migration. Between 2006 and 2010, the published estimated numbers of infected individuals were > 300 000 for the United States of America, > 100 000 for Europe and about 4500 in Western Pacific.

In the Western Pacific Region, Chagas cases have been reported in Australia and Japan and little is known about the situation in other countries in this Region. Specifically, it was estimated that there were over 1500 infected individuals in Australia and over 3000 in Japan. The majority of the reported cases were believed to have been imported from the Americas. But blood transfusion, organ transplants and congenital routes have not been adequately assessed in the Western Pacific Region and represent a potential risk for autochthonous transmission.

In addition, triatomine insect species-Chagas disease vectors have been reported in Viet Nam

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