



SPAIN- Director General Public Health, Quality and Innovation

Side Event “Ending Chagas” (Intercontinental Hotel, 22th May 2019)

In recent decades, mainly due to migratory movements, the **distribution of Chagas disease has changed** and is no longer limited to this geographical area. It has **spread to other non-endemic areas**, crossing borders, and **finding people affected** by this disease in the United States, Canada, Asia, Australia and Europe.

At European countries, Chagas disease is **considered a challenge** in terms of Public Health. **Spain** is the country with the **highest burden** of Chagas disease in Europe.

In non-endemic countries such as Spain, the **main routes of transmission of the disease are non-vector pathways** such as the maternal-fetal transmission or through blood transfusions or organ and tissue transplants from infected donors.

Spain has been a pioneer among non-endemic countries in the control of Chagas disease.

We started by controlling transmission by blood or organ and tissue transplants through various measures such as **Royal Decree 1088/2005** on the technical requirements and minimum conditions for blood donation or the ones established by the National Cord Blood Plan in 2008.

On the other hand, in the last **7 years**, more than **7400 pharmaceutical treatments in 178 hospitals** have been provided.



Regarding the maternal-fetal transmission of the disease, according to data from the National Institute of statistics, in 2017 more than 17,000 children with mothers from Latin American countries were born in Spain. If we take into account the prevalence of infection in Latin American women and the vertical transmission rate, **it can be estimated that between 50 and 100 children a year are born with Chagas disease in Spain. A figure that could be higher** since we must also consider the newborns of second generation immigrant mothers, that is, women born in Spain but with mother of Latin American origin.

Prenatal screening for Chagas disease has evidence on its benefits in Health and it is cost effective.

The initial test of screening **is a simple and safe test**, likewise it is **valid, reliable and efficient**. It can be done at any time during pregnancy, even after delivery in pregnant women at risk with uncontrolled pregnancies.

Screening and early treatment of the newborn can prevent morbidity and mortality, and can reduce the burden of disease. **Newborn treatment has shown a high efficacy** in recent infection, which includes congenital infection.

The control of vertical transmission of Chagas disease through **prenatal screening is one of the challenges in our country** but progress is being made in this line. Currently at least **7 regions in Spain perform prenatal screening** for Chagas in women who come from endemic areas and **it would be advisable to move forward** to establish a common protocol for the screening of Chagas disease within the prenatal screening program of the National Health Service.

Therefore, from the Ministry of Health, Consumers Affairs and Social Welfare we **will work together with all the Spanish regions** to make this possible and **continue fighting to end Chagas**.

Thank you