

Advances and challenges in the anti-parasitic treatment of Chagas disease

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Abstract

Chagas disease (*Trypanosoma cruzi* infection) is a global problem increasing public health impact. Diagnose and treatment of patients infected is considering a key intervention for controlling Chagas disease. The current tools for primary and secondary prevention are efficient to interrupt transmission and control Chagas disease. Specific anti-parasitic treatment for Chagas disease using benznidazole and nifurtimox is indicated in the following situations: a) All acute phase patients, including congenital transmission b) Following reactivation of infection by immune suppression c) Patients up to 18 years of age with chronic disease d) Women of childbearing age with *T. cruzi* infection (with contraception during treatment). There is a relative consensus that drug treatment should generally be offered to adults aged 19–50 years without advanced Chagas heart disease and is optional for those older than 50 years. Progress was bolstered by the generation of new clinical evidence on the safety and efficacy of new anti-parasitic treatment regimens after several completed clinical trials assessing also new chemical entities. Several trials are evaluating efficacy and safety of different regimens of the current tripanocides (benznidazole or nifurtimox) in monotherapy or in combination. All of them in the chronic phase of infection in adult patients, and other have evaluated the safety and efficacy of a new paediatric formulation of nifurtimox. Continued progress on these various fronts will help ensure that diagnosis and treatment finally reach the over 99% of people with Chagas disease who have thus far been neglected. To incorporate diagnose and treatment in people infected with *T. cruzi* as a public health strategy, which is useful at the primary, secondary, and tertiary prevention; is essential to reduce burden of the disease and to eliminate Chagas disease as a public health issue.



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