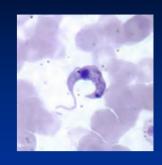
# Chagas' Disease Case Example of an Unmet Challenge

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## Chagas' Disease

- caused by Trypanosoma cruzi
- natural infections vector-borne
  - other routes:
    - congenital
    - organ transplant
    - > blood transfusion
- endemic to Latin America
  - 16-18 million people infected
- asymptomatic, life-long & untreatable





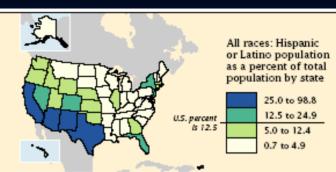


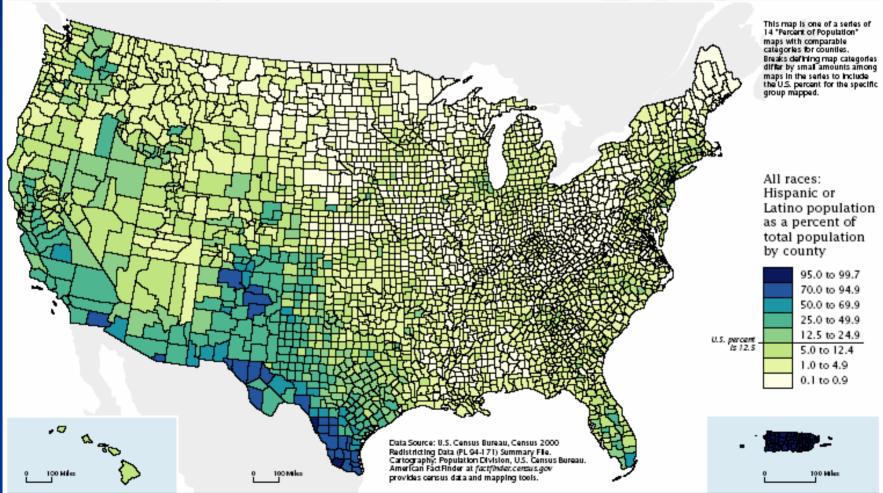
## **Transfusion Risks**

- driven by immigration
- seroprevalence
  - influenced by donor demographics
  - varies by location
- > intermittent parasitemia
- transfusion cases
  - few recognized, but many missed
- > interventions/barriers

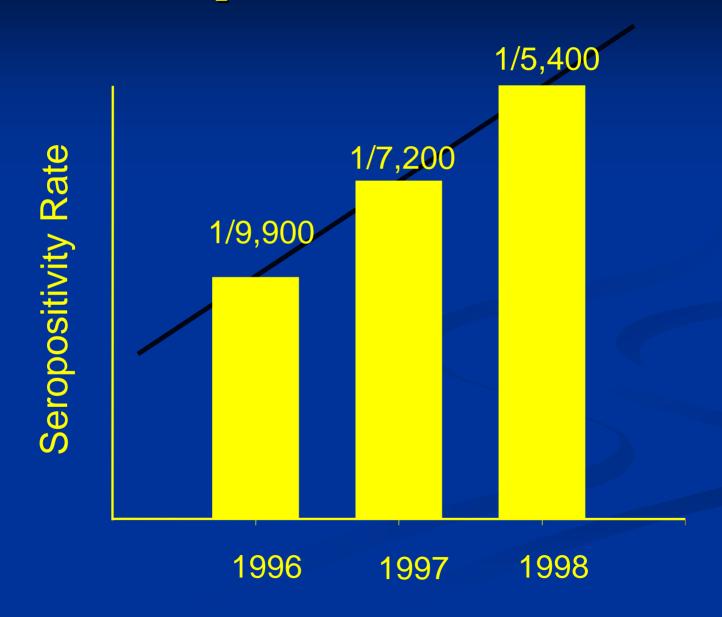


Percent of Population, 2000 Hispanic or Latino Origin All Races





## LA Seroprevalence: 1996-98



## Changing Donor Demographics

**Enhanced Minority Recruitment Efforts** 

**Greater Number of At-Risk Donors** 

**More Seropositive Donors** 

Greater Risk of Transfusion-Transmission

### **Transfusion Transmission**

- extracellular in peripheral blood
  - demonstrable parasitemia in 63% of seropositive donors
  - intermittent
- survives storage:
  - platelets  $\leq$  7 days
  - red cells  $\leq$  3 weeks
- > 5 U.S. cases and 2 Canadian cases
  - fulminant & recipients immunocompromised
- immunocompetent recipients
  - cases likely not recognized or misdiagnosed

### **Interventions**

- risk factor questions
  - outright deferral
  - selection for testing
- production manipulation
  - pathogen inactivation
  - leukoreduction/filtration
- testing
  - serology and/or NAT
  - selected or universal

#### **Barriers to Action**

- lack of public/media awareness
- preoccupation with the "latest emerging agent"
- unavailability of screening test:
  - trepidation by manufacturers
  - September 2002 BPAC
  - regulatory pathway for donor screening
- ignorance of the "parasite paradigm"