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Post-vector-control Chagas disease as a One Health challenge in Chile

Inhalt

Chagas disease is a neglected zoonosis linking vector ecology, reservoirs, congenital transmission, migration and long-term health-system outcomes. Although Chile has interrupted domestic vector-borne transmission, persistent sylvatic exposure, ageing cohorts, late diagnosis and underdetection still obscure transmission and care pathways across human, animal and environmental domains. We analysed notified cases in Chile (2007–2021) linked to mortality and hospital records. Chagas-specific death was assessed using competing-risks methods, while cause-specific Cox models included hospitalisation as a marker of clinical deterioration. Burden was estimated through years of life lost, years lived with disability and disability-adjusted life years. Among 17,508 individuals, 261 died from Chagas disease and 1,021 from other causes. Ten-year cumulative incidence of Chagas-specific death was highest among adults aged ≥ 70 years, men and chronic digestive or cardiac forms; recurrent hospitalisation was the strongest marker of death. The cohort accrued 9,869.5 DALYs, with disability contributing more than premature mortality. These findings describe a post-vector-control transition in which burden is sustained by non-vector transmission, chronic progression and delayed care. Chagas should therefore be reframed as a One Health challenge requiring ecological surveillance, congenital and migrant-focused strategies, linked administrative data, risk-stratified care and longitudinal follow-up.

Keywords

Chagas disease; One Health; disease burden; competing risks; linked administrative data

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