

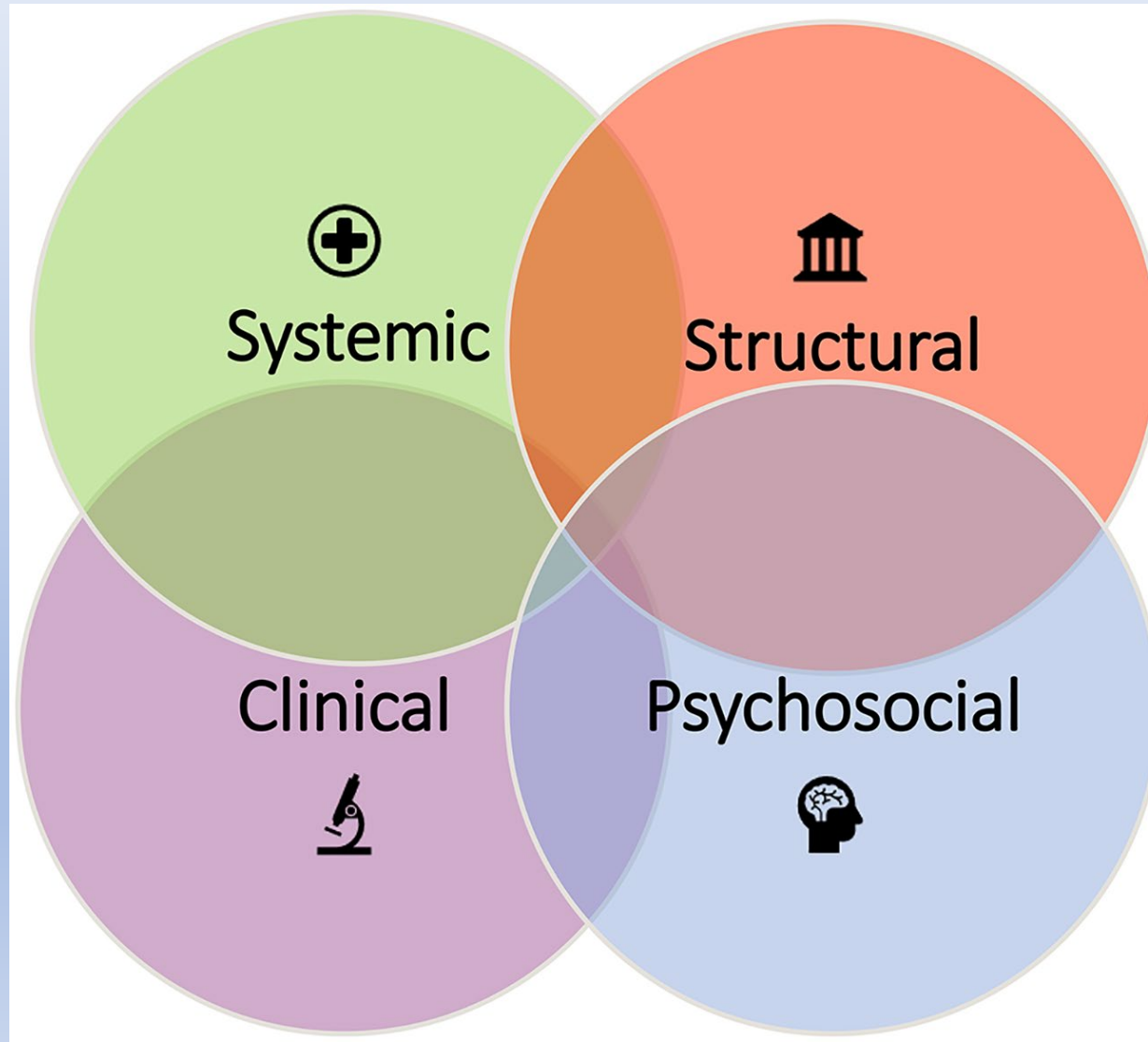
# Increasing Access to Testing and Treatment for Chagas Disease in the United States

Understanding Patient and Community Perspectives

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# BARRIERS TO CARE



# The LASOCHA model....

- Metropolitan Washington DC area
  - Shoestring budget
  - Rapid and confirmatory testing
  - Treatment
  - ECG/Echo
- 
- What we don't have: \$, social worker, advanced cardiac testing



I am the mother of 2 handsome boys, I found out that I had Chagas when my younger son was born prematurely.

He is fine now, he received treatment, I also received treatment to decrease the risk of the illness.

And to feel more secure if I decide to have more children.



# Case #1

- 37 year old woman G2P1 from Santa Cruz, Bolivia
- Routine pregnancy until emergency C-section for abruption
- Baby in respiratory distress, pericardial effusion, ascites
- "Intracellular parasites noted in placenta"
- And the diagnosis was made by.....

# Follow up

- Baby treated promptly, did well
- Follow up for mom, on the other hand.....
  - Access
  - \$
  - Language barrier
- And mom's concerns for her son.....

# Case #2

- 45 year old El Salvadorian immigrant, undocumented, uninsured
- Recent h/o atypical chest pain
- Works in fast food restaurant
- Experienced SCD at work, resuscitated in the field by EMTs
- Initial EF 20%, developed pneumonia, T. Cruzei serologies ordered
- One week later tests positive, CDC samples sent, repeat EF 50%
- Hadn't heard of Chagas, knew the bug!
- AICD placed, discharged

# Follow up

- 1 month post procedure doing well
- But then he could no longer get care at the hospital.....



# Case #3

- 46 year old man with stage D CHF from Chagas
- LVAD, f/b heart transplant
- Reactivated, treated for one month because of benznidazole shortage, reactivated again, retreated
- Returned to work in construction

# Follow up

- Difficulty navigating the health care system because of language barriers: meds, follow up
- Had to work through the pandemic
- Sad ending to his story