Chagas disease, caused by the protozoan *Trypanosoma cruzi* is endemic in Latin America. The World Health Organization (WHO) estimates around 8 million people are infected worldwide, Bolivia being the country with the highest disease burden in the world. Chagas disease has now surpassed geographical borders caused by the increase in mobile populations; Spain ranks second to the United States in terms of the number of Latin American immigrants and has the highest prevalence of Chagas disease among European countries.1

Estimates of the burden of Chagas disease among migrants are usually based on infection rates in their countries of origin. It is assumed that the prevalence of infection in the host country is the same as that in the country of origin and this is the main limitation for obtaining accurate estimations in non-endemic countries. Seroprevalence data in immigrants are now available to estimate the disease burden in Spain.

Benznidazole is the first-line treatment option for Chagas disease and it is only produced by the Brazilian state-owned laboratory LAFEPÉ (Laboratorio Farmacéutico do Estado de Pernambuco). Stocks of benznidazole are expected to run out in the coming months, as communicated by Médecins Sans Frontières (MSF, http://tinyurl.com/638kyls) and reported recently in several journals, leaving thousands without treatment not only in endemic areas but worldwide.

Until recently, benznidazole was mainly used in the acute phase of the disease. Current evidence supports treatment of chronically infected patients with mild cardiovascular symptoms as progression of the disease may be delayed;2 this has also contributed to the increasing demand for the drug. The ongoing BENEFIT trial is assessing the role of etiologic treatment with benznidazole on incipient chagasic cardiomyopathy,3 results are expected in 2014. According to experts in the field, treatment of Chagas disease in the United States and in other non-endemic areas should generally be offered to adults between 19 and 50 years of age (especially women of reproductive age who are not currently pregnant). These recommendations exclude patients with advanced chagasic cardiomyopathy.4

To calculate the amount of benznidazole needed to treat adult Chagas disease patients in Spain different factors were considered (Table 1):

Current number of registered migrants from Bolivia 19–50 years of age living in Spain5: 161,809.

<table>
<thead>
<tr>
<th>Number of migrants from Bolivia in Spain and need for benznidazole for infected patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,120,652</td>
</tr>
<tr>
<td>206,635</td>
</tr>
<tr>
<td>161,809</td>
</tr>
<tr>
<td>25,080</td>
</tr>
<tr>
<td>5,016</td>
</tr>
<tr>
<td>18,810</td>
</tr>
</tbody>
</table>

*Address correspondence to Rogelio López-Vélez, Tropical Medicine and Clinical Parasitology, Infectious Diseases Department, Ramón y Cajal Hospital, Madrid, Spain. E-mail: rlopezvelez.hrc@salud.madrid.org*

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Authors’ addresses: Miriam Navarro, Francesca F. Norman, José Antonio Pérez-Molina, and Rogelio López-Vélez, Tropical Medicine and Clinical Parasitology, Infectious Diseases Department, Ramón y Cajal Hospital, Madrid, Spain, E-mails: mnavarro.hrc@salud.madrid.org, fnnorman@gmail.com, jose.perezmolina@gmail.com, and rlopezvelez.hrc@salud.madrid.org.

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