• Latency in Chagas disease, a systematic review
• Andrés F. Henao-Martínez
• Wilmer Villamil, Carlos Franco-Paredes.

Contact: andres.henaomartinez@ucdenver.edu
• Self-funded
• Three months
• No language requirement
• No foreign travel required
• Revise the latency of Chagas disease from acute infection through chronic manifestations of disease
• Revise the prevalence of Chronic Chagas cardiomyopathy among patients with chronic infection
• Focus on research
• Congenital Chagas disease in Sierra Nevada de Santa Marta, Colombia
• Andrés F. Henao-Martínez
• Gabriel Parra-Henao, Wilmer Villamil, Carlos Franco-Paredes.

Contact: andres.henaomartinez@ucdenver.edu
• Pending funding
• 2-6 months
• Language requirement: Spanish
• Foreign travel required? Yes
SPECIFIC AIMS. The overall **objective of this proposal** is to design and implement a pilot program for monitoring and control of congenital Chagas disease in the region of the Sierra Nevada of Santa Marta, Colombia and to extrapolate tools to screen and treat patients at risk in non-endemic areas such as Latino American pregnant women at risk in the United States.
• a. AIM 1: To estimate the prevalence of T. cruzi infection in pregnant women in areas of greatest risk through hospitals, municipal Secretaries and Public Health Laboratories in the region of Santa Marta, Colombia. IgG ELISA test in sera will be used as a screening test; indirect immunofluorescence (IFI) and hemagglutination inhibition (HAI) as a confirmatory test; and PCR as support in case of conflicting results of serology. Based on the number of pregnancies in the region, T. cruzi prevalence among pregnant women, 95% confidence interval and relative error of 10%; we are planning to recruit around 300-400 pregnant women. Consent forms for participants are approved through the IRB committee of Universidad Cooperativa de Colombia.

• b. AIM 2: To estimate the incidence of congenital Chagas disease in the offspring of Chagasic pregnant by parasitological and molecular tests at birth, and by serological tests at 9 to 12 months of age and to evaluate the efficacy and safety of treatment children with a confirmed diagnosis of congenital Chagas disease

• c. AIM 3: To evaluate the cost-effectiveness of the screening tool in Colombian pregnant and childbearing women at risk of Chagas disease by IgG detection and extrapolate analysis for Latin American pregnant woman at risk in the metropolitan area of Denver, Colorado.