
EPIDEMIOLOGY OF CHAGASIC CARDIOMYOPATHY IN HONDURAS

Manuel Sierra, James Maguire, Carlos Echeverz, David Wypij, Carlos Ponce, Humberto Cosenza, Dennis Padget, Marco Bográn, Elisa de Ponce¹

Department of Population and International Health, Department of Tropical Public Health, Department of Biostatistics, Harvard School of Public Health, Boston, Massachusetts, Dirección de Investigación Científica, Universidad Nacional Autónoma de Honduras (UNAH), Tegucigalpa, Honduras, Division of Infectious Disease, Brigham and Womens Hospital, Harvard Medical School, Boston, Massachusetts. Department of Internal Medicine, Medical School, Hospital General San Felipe, UNAH, Laboratório Central, Ministério de Salud Pública de Honduras (MSPH), Department of Microbiology, Section of Immunology, UNAH. Unidad de Investigación Científica, Medical School, UNAH, Division of Cardiology, Department of Internal Medicine, Hospital Escuela, MSPH.

In a cross-sectional survey of 3.898 persons between 15-60 years old we studied the prevalence and distribution of infection and heart disease due to *Trypanosoma cruzi* in two rural zones of Honduras. The overall prevalence was 10%, and was higher for men than for women 25 to 44 years of age, perhaps because men frequently spend nights in triatomine-infested shacks when farming at sites far from their homes. Nearly 35% of infected persons had ECG abnormalities, most commonly right bundle branch block (RBBB).

¹ Corresponding author:
Manuel Sierra*

Department of Population and International Health, Department of Tropical Public Health, Harvard School of Public Health, 665 Huntington Avenue Boston, Massachusetts; 02115. Tel (617) 432-1234 - Fax: (617) 566-0365

*The corresponding author was supported initially by a Fulbright scholarship and then by a TDR-WHO scholarship.

Recebido para publicação como resumo fora do prazo em 15/02/98 (suplemento I - 1998).

Vol. 27 (2): 203-204. jul./dez. 1998

Arrhythmias were strongly associated with seropositivity, which may explain the high rate of sudden death found in these regions. In logistic regression models, age but not sex or residence in a high prevalence community were predictors for ECG abnormalities among seropositive individuals. These results demonstrate the importance of Chagas heart disease in rural Honduras and indicate that local strains of *T. cruzi* are capable of producing chronic heart disease, even in areas of relatively low seroprevalence.