In this sense, we can see that the study of epidemics as mosaics of knowledge and power emphasizes the social, cultural and political characteristics of configurations built of elements already existing in the social world, more than characteristics resulting from biological or medical factors. Epidemics are a sound board reflecting the variations of the social world, reverberations with a melody to which an attentive researcher is always willing to listen so as to better comprehend the totality of a problem from different points of view. This includes the tensions and contradictions of local experiences seen in the medical and scientific field, in the layperson, in public health policies and in the ways in which those policies are received and interpreted by individuals in their everyday lives.

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Comments on "The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina"

Comentarios acerca de "La enfermedad en su laberinto: avances, desafíos y paradojas de cien años del Chagas en Argentina"

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Commentary on: Zabala JP. The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina. Salud Colectiva. 2012;8(Suppl 1):S9-S21.

Dr. Juan Pablo Zabala's work (1) shows a profound knowledge of the difficulties arising in the fight against the principal endemic parasitic disease in Argentina. Moreover, it puts into evidence the different causalities, actors and detractors that affect the success of efforts made towards this task, and provides a very interesting historical outline of what has happened in Argentina.

I would like to highlight Zabala's statement that "Chagas disease has neither been so neglected as to disappear from the political agenda nor so present as to put a permanent end to its reproduction cycle" (1 p.10). This concept clearly explains the reason why good results have not yet been obtained: discontinuity in the tasks carried out.

The author mentions two main elements when discussing the actors responsible for this "failure": a) scientific and technocratic aspects, and b) political and commercialist aspects.

Within this first group the author mentions the nonexistence of a vaccine. However, it should be recalled that to date vaccines have been developed for viruses, bacteria and toxins, but thus far not for parasites, due among other reasons to the great biological complexity of protozoa. Another example of this has been the impossibility of developing a vaccine for a protozoan with

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a much greater impact on health, Plasmodium, which is responsible for malaria.

Regarding the political and commercialist aspects, since the 1950s, a decade which marks the beginning of actions against this endemic disease, the interest of governments has been disparate. Another difficulty arises from the federalism of the country: each province decides, organizes and enforces its own health measures; and not all provinces have shown equal interest in carrying out actions to this end. In fact, in some provinces, many of the gains achieved have resulted from the strong interest of certain heads of provincial programs who diligently and tirelessly work to assure that necessary tasks are carried out.

The author further states that "Chagas is a complex entity conditioned by the biological processes involved as well as the professional, economic, political, cultural and institutional interests at stake" (1 p.10). This statement addresses a factor common to most diseases. Nevertheless, it is worth mentioning that many countries have managed to interrupt domiciliary vectoral transmission. This means that if there is sufficient interest and commitment, achievements are possible, even given the gaps existing in our current knowledge.

Within the paradoxes mentioned by the author, I would like to reflect upon some of the biomedical aspects regarding the infected-sick dichotomy. It is common to assert that we should not scare a person who has reactive serology but normal electrocardiograms (ECG) and chest X-rays by labeling him or her as "sick." But this implies making a serious mistake: all individuals who develop severe morbidity and even die because of this infection went through an asymptomatic stage at some point. Something similar occurs in patients with hypertension, as they may have high blood pressure without exhibiting any other symptoms, but they can later develop severe diseases. Do we not call a person with asymptomatic hypertension "sick"? Moreover, if cardiac diagnostic procedures of greater sensitivity were carried out in Chagas disease patients, cardiac alterations could be detected in individuals with a normal ECG. This is what brought about the current redefinition of patients in the chronic stage: a) those with demonstrated pathology or b) those without demonstrated pathology (2).

Also excellent is the description of the vicissitudes the disease has undergone since Carlos Chagas attributed goiterism to *Trypanosoma cruzi*. This demonstrates that the brilliant researcher who discovered the disease is also a human being capable of making erroneous interpretations.

Among the actors responsible for carrying out actions related to Chagas, it is important to mention physicians, who are generally not interested in taking on this disease. This resistance could have many possible explanations: a) they are unaware of Chagas disease and its natural history in infected individuals; b) they are unaware of the benefits of initiating antiparasitic treatment; c) they fear the side effects that could be produced by the only two drugs available since the 1970s; d) they are not under pressure from the pharmaceutical industry. These situations lead to a lack of interest in treating Chagas disease patients, aside from the fact that such treatment does not provide them any economic benefits. All of this could be solved, in part, with sustained education and training activities.

With reference to a paragraph in Zabala's article dealing with "neglected diseases," they are a common occurrence not only in Latin America, Africa and Asia, but also in the United States, where patients with this parasitosis do not receive proper medical care.

It is also highlighted that there are many types of difficulties in adequately fighting the vector in geographical areas like the Greater Chaco, due to its climatic, housing and phytogeographical characteristics, among others. Nevertheless, it is worth mentioning that the interruption of domiciliary vectoral transmission has just been certified in four departments of the province of Santiago del Estero, in the very heart of the Greater Chaco (3). This clearly shows that when there is political decision, action is taken in spite of the adversities.

Also appropriate are the author's reflections on the importance of research in the progress of this fight, which has to a greater extent contributed to the improvement of diagnoses and some entomological aspects (resistance to insecticides, concentrated use of insecticides).

With regard to medications we can affirm that although no new drugs are available yet, the two traditional drugs can be used: benznidazol (made by an Argentine company) and nifurtimox (again being produced by the laboratory). Furthermore, clinical trials are being conducted on humans to test drugs

for the treatment of fungi that have also proven effective for *Trypanosoma cruzi* in animal models.

Lastly, I would like to stress the role of the international NGO Drugs for Neglected Diseases Initiative (DNDi), which is tirelessly struggling to secure greater access to drugs worldwide, and Doctors Without Borders, with its vast experience in diagnosis and treatment in different countries of the Americas. Other Argentine foundations with active participation in Chagas disease control are Mundo Sano and Bunge y Born. I would also like to point out that Chagas disease has undergone a great epidemiological change: it has been urbanized owing to migrations from endemic areas. A large number of infected children and adults live in big and small cities in different parts of the world. In Argentina, medical care must be promoted in the three existing health care systems: the public system, the employment-based insurance system and the private system. In all three patients with Chagas disease can be found.

Albeit with ups and downs, both vectoral and non-vectoral actions are progressing in Argentina and the figures are encouraging. Much has been done, but there is still much more to do.

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Commentary on the criterion of visibility and invisibility in Chagas-Mazza disease

Comentario sobre el criterio de visibilidad e invisibilidad en la enfermedad de Chagas-Mazza

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Commentary on: Zabala JP. The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina. Salud Colectiva. 2012;8(Suppl 1):S9-S21.

Juan Pablo Zabala's article (1) puts into evidence the paradoxes of Chagas disease since its discovery, based on a criterion of the "visibility and invisibility of the disease." Unfortunately, the disease generally becomes visible when the elections of municipal officers, governors or presidents draw near. The promises made to this population living in conditions of poverty are decent housing, periodic fumigation, better nutrition, electricity and running water. However, after the elections these promises are not fulfilled. The people who do have the disease in mind are field researchers and those who devote themselves to the everyday care and follow-up of these patients in big cities.

The invisibility is created by society, which is generally unaware of the existence of people with this disease because they believe that only the poor are affected, never imagining that the disease can be contracted through blood transfusion, vertical (mother to child) transmission, or addiction to intravenous drugs by endogenous reinfection due to sharing a needle with a person with reactive serology (2). This disease is hidden by those infected to avoid employment discrimination, by health