

Acute chagasic disease in the northeast from 2000 to 2013

Luiz Eloi de Mendonça Neto, bar of Santo Antonio - Alagoas
Biomedical Graduated from Tiradentes University University,
Maria Anilda Dos Santos Araújo, Maceió -Alagoas PhD in
Biology of Fungi by Federal University of Pernambuco and
professor of
University Center Tiradentes-UNIT

Introduction: Chagas' disease is a neglected chronic condition with high morbidity and mortality burden and impact from the psychological, social and economic points of view. It represents an important public health problem in Brazil, with different regional scenarios. **Objective:** a study that analyzed data on acute Chagas disease in the Northeast from 2000 to 2013 prepared by the Health Surveillance Secretariat of the Ministry of Health. **Methodology:** the data analysis of the epidemiological bulletin of the Health Surveillance Secretariat of the Health Ministry, published in the year 2015. **Results:** The states that had the highest numbers of cases of Chagas disease from 2000 to 2013 in the form of transmission were, Maranhão with total cases 24 (1,5%) of the cases, among these 11 oral, 7 vector, 5 ignored and 1 of other forms of transmission, Piauí: 3 vector, 1 ignored, Ceará: 8 cases oral, and 1 vector , 1 case of oral and 1 vertical, Paraíba: 1 case ignored, Pernambuco with 17 (1.1%) of the cases, 2 vector, 15 ignored, Sergipe: 1 vertical and 1 ignored, Bahia with 14 (0.9%) of cases, 13 oral, 1 other form of transmission. The mean annual incidence of acute Chagas disease, mean cases per year, Maranhão 1.7%, Piauí 0.3%, Ceará 0.6%, Rio Grande do Norte 0.1%, Paraíba 0.1%, Pernambuco 1.2%, Sergipe 0.1% and bay with 1%, and analyzing the average annual incidence / 100,000 inhabitants, Maranhão with 0.027%, Piauí 0.009%, Ceará 0.008%, Great Northern River 0.005%, Paraíba 0.002% Pernambuco 0.014%, Sergipe 0.007% and bay with 0.007%. **Conclusion:** the attention of surveillance is of extreme importance, mainly maintaining the functioning of sensitive entomological surveillance in the municipalities, in addition to health education actions, aiming to identify DCA cases in a timely manner. It is also necessary to establish an interface with Sanitary Surveillance in order to adopt the main hygienic-sanitary measures for the reduction and prevention of new cases by oral transmission. The high percentage of cases with an unknown form of transmission suggests fragility of data records and points to the need for improvements in the timing of surveillance actions regarding the detection and investigation of suspected cases.

Key words: Chagas disease economic Secretariat