

## CURRENT STATUS OF HEMOPHILIA IN LATIN AMERICA

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Latin America has an estimated population of over 580 million. Although Latin America can include all countries of the Americas south of the United States, here we will refer to the twenty countries where Spanish and Portuguese are the mainly spoken languages.

According to the World Federation of Hemophilia Global Survey, in 2009 there were 24,586 hemophilia patients registered among eighteen countries from Latin America, where the data was available. The inhibitor data was reported in fourteen of these countries with an incidence of 1,441 patients with inhibitor.

The hemophilia treatment is variable between different countries in Latin America. In many of these countries obtaining products for the treatment of hemophilia has not been a priority, resulting in a lack of adequate treatment. However, in recent years, some countries in Latin America have made huge efforts to improve the care of these patients, developing a national program and acquiring increasing amounts of therapeutic products to attend to patients' needs.

In countries such as Argentina, Chile, and Costa Rica there are reported more than 2 IU of factor VIII concentrate per capita available, for at least the last three years. In addition, these countries also have long-term prophylaxis program for more than ten years. These resulted in a better musculoskeletal status among persons with hemophilia (PWH). Other countries, including Colombia, Panama, and Venezuela, have more than 1.5 IU of factor VIII concentrate per capita, with increasing long-term prophylaxis program during the last three years, what already shows a positive impact in the musculoskeletal outcome among young PWH. In countries, such as Brazil, Mexico, and Uruguay there are available 0.8 to 1.2 IU of factor VIII concentrate per capita. Although these countries have been shown an increasing amount of factor concentrates purchased during the last years, they still need to improve the prophylaxis program and this can be observed in the musculoskeletal outcome among young PWH.

The hemophilia treatment is heterogeneous among countries from Latin America, and in some places the hemophilia care needs to be organized and become available for their patients. The countries that have established the long-term prophylaxis from more than ten years ago, have in the early age groups similar musculoskeletal status as described in PWH from developed countries. In addition, other countries started long-term prophylaxis program, recently. However, it is still early to observe the benefits of this modality of treatment among these PWH.

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