

Calls to restart testing for parasitic disease at US CDC

Researchers and clinicians pressure the US Centers for Disease Control and Prevention to reintroduce parasitic disease testing amid concerns about patient care. Andrew Green reports.



Experts in the USA on neglected tropical diseases are warning that the Centers for Disease Control and Prevention's (CDC) suspension of testing for most parasitic infections, which has been ongoing now for more than 7 months, is delaying diagnoses and treatment and affecting patient care. Their calls for the services to be reinstated culminated in an editorial published in *The American Journal of Tropical Medicine and Hygiene* in April this year, advising that the "suspension of these tests has had a direct negative impact on patient care". But there is still no timeline for resuming most of the tests, the CDC confirmed to *The Lancet*.

The CDC's Parasitic Diagnostic Reference Laboratory in Atlanta, GA, was performing more than 10 000 tests annually before the COVID-19 pandemic, according to the agency. Those services included morphological identification and molecular and serological tests for various diseases, including Chagas disease and leishmaniasis. These diseases are largely non-endemic and often neglected in the USA, appearing primarily in immigrant communities or among people returning from travel. The CDC's services have been invaluable, clinicians said, both because of their quality and because they are free.

"Clinicians depend on [the CDC's parasitic disease testing] for confirmation, and they depend on it for diagnosis for people who don't have other ways to pay for it", Michael Reich, Professor Emeritus of International Health Policy at the Harvard T H Chan School of Public Health, Boston, MA, told *The Lancet*.

Tropical disease experts were therefore startled when the CDC suspended 25 tests in September, 2021, with little warning and without explanation. "I never got

the memo that the lab had closed", said Rachel Marcus, a cardiologist at MedStar Heart and Vascular Institute in Washington, DC, and the medical director of the Latin American Society of Chagas. She only learned of the suspension when she attempted to submit tests as part of a seroprevalence study she is running on the presence of Chagas disease among Latin American immigrants presenting with cardiac complications.

The pause in testing has ultimately led to delayed results and caused her to lose at least one patient to follow-up. "Suboptimal care was given because of these lab closures", she said, although experts have not comprehensively quantified the overall impact. Other clinicians described being forced into making difficult choices about testing. "Some of these tests are also offered by commercial laboratories, but the quality of the test is often not as good", Davidson Hamer, Professor of Global Health and Medicine at the Boston University School of Public Health and School of Medicine, Boston, MA, told *The Lancet*. "That means either there's no test available in certain circumstances or we have to use what may be an inferior test." And the commercial tests also come with costs that patients who are most at risk of parasitic infections, including immigrants and underserved groups, can least afford. "The impact of having to pay for testing cannot be understated", Marcus said. "To lose a free resource is incredibly impactful and deleterious".

Scott Pauley, a CDC spokesperson, told *The Lancet*, "our highest priority is to resume high-quality testing operations in a phased, prioritised approach as soon as possible and to offer the same tests that were available before the pause". Three of the tests

that were suspended in September have now restarted, including serological testing for Chagas disease. As it brings back additional tests, the CDC has said it will prioritise diagnostic tests with the greatest public health impact, specifically those that might not be offered elsewhere. But no specific dates have been set for the services to resume.

Although officials have not fully clarified the reason for the delay, in a published response to the editorial, CDC officials cited an obligation to "meet and maintain the highest standards of excellence". They wrote that efforts are underway to "implement laboratory improvements to ensure we can meet these expectations and continue offering high-quality diagnostic care". Unfortunately, achievement of these improvements has required temporary suspension of some services.

Hamer, who is one of the editorial's co-authors, is sensitive to those demands. His hope is that in spotlighting the suspension, it will also "raise awareness of the importance of the CDC labs. That there will be more external funding made available so that the CDC can continue operating the labs."

Norman Beatty, an Assistant Professor of Medicine at the University of Florida, FL, USA, with expertise in Chagas disease, said the suspension has underscored the troubling lack of infrastructure in the USA for diagnosing tropical diseases. "This event has allowed us to see more clearly what would have been lost without having access to this laboratory", he said. "Why aren't we more forward facing with this in recognising that we need a better framework for tackling neglected tropical disease from a diagnostics standpoint?"

Andrew Green

For more on the CDC's testing suspensions see <https://www.cdc.gov/laboratory/specimen-submission/currently-unavailable.html>

For more on CDC's Parasitic Diagnostic Reference Laboratory see https://www.cdc.gov/parasites/resources/pdf/reduce_parasitic_diseases_us_fact-sheet.pdf

For *The American Journal of Tropical Medicine and Hygiene* editorial see https://www.ajtmh.org/view/journals/tpmd/aop/article-10.4269-ajtmh.22-0222/article-10.4269-ajtmh.22-0222.xml?fbclid=IwAR1qC6Ric0Uac4y_Vcga5sFRDgYprg2EwAYogAAL_LUzFGm2oINahnyXGcU&tab_body=pdf-preview

For the CDC statement see <https://www.ajtmh.org/view/journals/tpmd/aop/article-10.4269-ajtmh.22-0235/article-10.4269-ajtmh.22-0235.xml>