



Chagas Disease in the US

Between **1-4% of Latin American immigrants** in several major urban areas are likely to have Chagas Disease, and there are an estimated **280,000** cases in the US.¹

Latin American immigrants from Chagas-endemic countries have a

5% chance of Chagas if they have **conduction abnormalities on their ECG**²

7% chance if they have a **relative with Chagas disease**³

7.5% chance if they have **pacemakers**⁴

18% chance if they have **bifascicular block**⁵

13-25% chance if they have **non-ischemic cardiomyopathy**⁶

2-5% of babies born to infected moms, approx. **63-315 infants/year** in the US⁷

TESTING:

Commercial labs offer T. Cruzi IgG testing (IgM should NOT be ordered), and confirmatory testing for a positive result MUST be performed by the CDC. Contact your public health department for details. Testing for congenital disease uses PCR and is performed via the CDC.

TREATMENT:

Benznidazole and Nifurtimox have been approved by the FDA for treatment of Chagas in children ages 2-12. Nevertheless, therapy should also be offered to children ages 0-2 because of high cure rates and considered strongly in patients without cardiac disease up to the age of 50. Maternal fetal transmission appears to be dramatically reduced by treatment before pregnancy. Please see the CDC for more information about the treatment of [Chagas disease](#) and [congenital Chagas disease](#).⁸

Chagas cardiomyopathy can be a highly lethal disease, and while antiparasitic therapy has been shown to not alter the course of the illness in older individuals with disease, the diagnosis is important as these patients require more vigilance for strokes/ventricular arrhythmias than individuals with other cardiomyopathy.

WHAT DO I DO NOW?

Individuals who have spent extended time in endemic countries should be tested for Chagas disease.⁹ This is particularly important for women of childbearing age to prevent congenital transmission. Chagas should be highly suspected in an immigrant with cardiac disease, and the diagnosis matters.

FOR MORE INFORMATION: visit lasocha.org, or contact us at doctorchagas@gmail.com

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9239882/>, <https://www.cdc.gov/chagas/about/index.html>

² [doi: 10.1371/journal.pntd.0005244](https://doi.org/10.1371/journal.pntd.0005244)

³ [doi: 10.1093/cid/cix087](https://doi.org/10.1093/cid/cix087)

⁴ [doi: 10.4269/ajtmh.16-0826](https://doi.org/10.4269/ajtmh.16-0826)

⁵ [doi: 10.1371/journal.pntd.0005244](https://doi.org/10.1371/journal.pntd.0005244)

⁶ [doi: 10.1093/cid/cit199](https://doi.org/10.1093/cid/cit199), [doi: 10.1161/CIRCHEARTFAILURE.115.002229](https://doi.org/10.1161/CIRCHEARTFAILURE.115.002229), [https://doi.org/10.1016/S0735-1097\(23\)00762-3](https://doi.org/10.1016/S0735-1097(23)00762-3)

⁷ <https://www.cdc.gov/chagas/hcp/considerations/index.html>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9239882/>

⁸ <https://www.cdc.gov/chagas/hcp/clinical-care/index.html>; <https://www.cdc.gov/chagas/hcp/considerations/index.html>

⁹ <https://www.cdc.gov/chagas/about/index.html#:~:text=Risk%20factors,mother%20was%20diagnosed%20or%20infected>