

AS OF DECEMBER 6TH, 2013, CHAGAS DISEASE IS NO LONGER REPORTABLE IN MASSACHUSETTS. THIS DOCUMENT IS KEPT FOR HISTORICAL PURPOSES ONLY.

CHAGAS DISEASE (*Trypanosoma cruzi*)

NON-IMMEDIATE NOTIFICATION

EPIDEMIOLOGY PROGRAM

| | | |
|---|--|---|
| Event Name: | CHAGAS | |
| Event Time Period: | Lifelong immunity | |
| Clinical Description (WHO, 2003): | <p>The acute phase of disease is often asymptomatic. When symptoms are present they may include fever, anorexia, lymphadenopathy, hepatosplenomegaly and rarely, myocarditis or encephalitis. Unilateral palpebral or periocular swelling, known as Romana's sign, or a chagoma may be present depending on the site of inoculation. If untreated, an acute case will usually resolve into an asymptomatic chronic infection. Approximately 30% of chronic cases will eventually develop signs and symptoms that may include cardiac conduction abnormalities, decreased ejection fraction, palpitations, syncope, dysphagia, constipation and other signs related to cardiomyopathy, megaesophagus and megacolon.</p> <p>Appropriate epidemiological risk history includes:</p> <ul style="list-style-type: none"> • Mother emigrated from an endemic country • Recipient of blood transfusion and/or organ or tissue transplant from an infected donor • Travel to, or residence in, an endemic area • Laboratory exposure to the parasite | |
| Massachusetts Event Classification (based on WHO classification): | <i>Confirmed</i> | <p>A clinically compatible, possibly asymptomatic, case with appropriate epidemiological history and laboratory confirmation by:</p> <ul style="list-style-type: none"> • visualization of parasites in blood smears or buffy coat, OR • identification of the agent in blood through an in vivo or in vitro diagnostic technique, OR • identification of the organism via PCR, OR • positive serology for antibodies to the agent from two separate tests which may include IFA, ELISA or RIPA. |
| | <i>Probable</i> | <p>A clinically compatible, possibly asymptomatic, case with appropriate epidemiological history and positive serology for antibodies to the agent from a single test which may include IFA, ELISA or RIPA</p> |

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CHAGAS DISEASE (continued)

| Report Type | Test Type | Source | Result | New event or beyond report period? | Data Entry |
|--|--|-------------------|---|------------------------------------|----------------------|
| Laboratory report OR Boston Reporting Card | Culture | Clinical specimen | Trypanosoma species or Trypanosoma cruzi | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select (no species specified): | Microorganism: PrId: Pt: xxx: Nom: Culture | | | | |
| Select (sub-species specified): | Microorganism: PrId: Pt: Islt: Nom: Bacterial subtyping | | | | |
| Laboratory report OR Boston Reporting Card | Giemsa stain | Clinical specimen | Trypanasoma species or Trypanosoma cruzi | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Microscopy: PrId: Pt: xxx: Nom: Giemsa stain | | | | |
| Laboratory report OR Boston Reporting Card | PCR | Clinical specimen | Positive | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Trypanosoma cruzi DNA: ACnc: Pt: Bld: Ord: Probe.amp.tar | | | | |
| Laboratory report OR Boston Reporting Card | EIA IgM | Clinical specimen | IgM Positive | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Trypanosoma cruzi Ab.IgM: ACnc: Pt: Ser: Qn: EIA | | | | |
| Laboratory report OR Boston Reporting Card | EIA IgG | Clinical specimen | IgG Positive | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Trypanosoma cruzi Ab.IgG: ACnc: Pt: Ser: Qn: EIA | | | | |
| Laboratory report OR Boston Reporting Card | RIBA or Western blot IgG | Clinical specimen | IgG Positive | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Trypanosoma cruzi Ab.IgG: ACnc: Pt: Ser: Qn: IB | | | | |
| Laboratory report OR Boston Reporting Card | RIBA or Western blot IgM | Clinical specimen | IgM Positive | Yes | New event SUSPECT |
| | | | | No | Same event |
| Select: | Trypanosoma cruzi Ab.IgM: ACnc: Pt: Ser: Qn: IB | | | | |

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