

## Chagas Disease – American Trypanosomiasis

*Chagas disease (American Trypanosomiasis) is a Class B Disease and must be reported to the state within one business day.*

Chagas disease, or American Trypanosomiasis, is an infectious disease caused by the protozoan parasite, *Trypanosoma cruzi*. The parasite is transmitted by kissing bugs (triatomines). Chagas disease is endemic in Latin America.

The main route of transmission is vectorborne, through contact with the feces of the triatomine bug. The protozoa is present in the blood, thus less common forms of transmission include blood transfusions, organ transplants, and congenital transmission (from a pregnant women to her baby). Additionally, consumption of food or drinks contaminated with the parasite can cause disease. Most cases of Chagas disease in the United States were infected in Latin America areas where Chagas is endemic.

The Chagas vectors, *Triatoma sanguisuga*, *T.gerstaeckeri* and *T.lecticularia*, are present in the U.S. Southern Gulf States. Triatomine bugs in Louisiana can transmit several strains of animal *T.cruzi* among armadillos, opossums, rodents, squirrels, and raccoons. In 1998, *T.cruzi* was isolated from the blood of 29% of armadillos captured near New Orleans (Yaeger RG 1998. Am J Trop Med 35:323-326). Raccoons captured in Orleans and East Baton Rouge parishes were found to have a 33.6% positivity rate (Majeau A et al. Vector Borne Zoonotic Dis. 2020 Jul;20(7):535-540). Domestic animals, particularly dogs, are at risk of acquiring the infection. In 2019, researchers tested shelter dogs across the state and found that 6.9% were seropositive and 15.7% were PCR-positive for infection with *T.cruzi* (Elmayan, A., Tu, W., Duhon, B. et al. Parasites Vectors 12, 322 (2019).).

*Trypanosoma cruzi* has been present in wildlife in Louisiana and the rest of the southeastern U.S. for centuries. The disease is considered endemic. Recently, blood donation screening programs have identified a few sporadic cases in the U.S. where persons were exposed to the disease domestically. This likely does not represent a new phenomenon, but instead reflects a new screening method for identifying infections. A complete review of the threat posed by *T.cruzi* in Louisiana is available in the first issue of the Journal of the Louisiana Medical Society, *Chagas disease in the United States: A cause for concern in Louisiana*, Diaz, JH, 2007, J La State Med Soc. 159:21-29.

### The 2006 Case

In July 2006, the first human case of insect-transmitted Chagas parasite in Louisiana and sixth ever in the U.S. was described. The discovery was made after a resident brought insects to the attention of a pest control operator who identified the insects as kissing bugs. After researching information on the Internet, the resident realized the potential for Chagas transmission. A local expert on Chagas disease was contacted to further investigate this situation. Of the two residents tested, one was positive for the antibodies to the Chagas parasite. Studies carried out for several months on the many insects that were collected in the house and the nearby building, indicated that more than half of the insects tested carried the Chagas parasite. This incident was not considered a wide-spread public health concern since the person was living in a rural area, in a very open house with numerous entry points for insects, and no air

conditioning. Most people in Louisiana reside in homes much less open to the outside.  
(<http://www.cdc.gov/eid/content/13/4/605.htm>)

Sporadic cases of Chagas have been identified in Louisiana since 2006 (Figure 1). Several had previous travel or residency in South or Central American Countries, but many have had no significant travel history outside of Louisiana. Many cases are initially identified through blood donation screening tests, which then require confirmatory testing.

Figure 1. Chagas Disease Cases in Louisiana, 2006-2021

