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National Notifiable Diseases Surveillance System (NNDSS)  
Explore Topics  
Search  
Search  
Clear Input  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View all  
Related Topics:  
NDC Application  
View All  
search  
close search  
search  
National Notifiable Diseases Surveillance System (NNDSS)  
Menu  
Close  
search  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
Related Topics  
NDC Application  
View All  
National Notifiable Diseases Surveillance System (NNDSS)  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
November 4, 2024  
Case Definitions  
Message Mapping Guides  
Supporting Documents for Implementation  
Event Codes & Other Surveillance Resources  
Chagas disease  
2025 Case Definition  
Chagas disease  
2025 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
24-ID-04  
Subtype(s)  
Chagas disease, acute  
Chagas disease, chronic  
Chagas disease, congenital  
Background  
Chagas disease is an infection caused by the protozoan parasite  
Tyrpanosoma cruzi.  
Infection with  
T. cruzi  
has been well-characterized in Latin America, where it is primarily transmitted by triatomine vectors. While imported cases of Chagas disease outnumber locally-transmitted cases, enzootic transmission of  
T. cruzi  
has been described in the United States (U.S.), where there are 11 triatomine vectors. In addition to vector-borne transmission, Chagas disease has been domestically observed to transmit via blood transfusion, organ transplantation, and vertically from a gestational parent to their fetus. While many infections with  
T. cruzi  
are mild, chronic infection can result in significant pathology and progression to severe and fatal disease.  
Different testing methods are needed to diagnose Chagas disease depending on the phase of the infection. Microscopy and molecular tests are employed in the acute phase of Chagas disease or in the event of suspected reactivation. Serologic testing for host immunoglobulin G (IgG) against  
T. cruzi  
antigens is the preferred method for diagnosing chronic Chagas disease. Serologic testing is also used in the context of screening donors of blood, organs, and human cells, tissues, and tissue-based products (HCT/P). Importantly, the sensitivities and specificities of the currently available assays are not high enough for a single assay to be used alone.  
Many  
T. cruzi  
infections go unrecognized. This is likely due to the progression from acute to chronic indeterminate Chagas disease one to two months after initial infection, during which parasitemia falls below levels commonly detectable by microscopy and the host becomes asymptomatic, as well as lack of familiarity with the disease among clinicians.  
Without appropriate treatment, infection with  
T. cruzi  
lasts for the life of the host due to the parasite’s replication cycle. Approximately 20-30% of infected individuals go on to develop Chagas cardiomyopathy or gastrointestinal disease. Immunocompromised individuals are at particularly high risk of severe Chagas disease reactivation. In some of these cases, Chagas disease has involved the central nervous system, exacting a high case fatality rate. (Hochberg & Montgomery, 2023; Forsyth et al., 2022)  
Criteria to Distinguish a New Case from an Existing Case  
A person should not be enumerated as a case of Chagas disease more than once within the same case category (e.g., a person previously enumerated as a case of acute Chagas  
MAY  
be enumerated as a case of chronic Chagas, but  
MAY NOT  
be enumerated as a case of acute Chagas for a second time).  
Subtype(s) Case Definition  
Expand All  
Chagas disease, acute  
Laboratory Criteria  
Confirmatory Laboratory Evidence:  
\*, \*\*  
Visualization of  
T. cruzi  
by microscopy (e.g. wet mount-microscopic examination, thick and thin smears-Giemsa stain) performed on any tissue or body fluid  
OR  
Detection of  
T. cruzi  
DNA by molecular testing (e.g. NAAT, metagenomic sequencing) performed on any tissue or body fluid.  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
\* Individuals experiencing reactivation may test positive using molecular testing or microscopic observation. These individuals can be counted as a chronic case pending positive serology that meets the chronic case definition. In the context of transplant recipients, case classification should be informed by whether the positive result may reflect an acute, donor-derived infection or chronic infection in a case experiencing reactivation.  
\*\* See Appendix 1  
for more information related to signs and syndromes of acute and congenital Chagas disease  
.  
Epidemiologic Linkage  
Suspected triatomine or kissing bug exposure (e.g., bite, triatomine found in bed, etc.) within the 3 months prior to specimen collection,  
OR  
Residence for at least 6 months in a Chagas endemic country  
¥  
, which concluded within the 3 months prior to specimen collection,  
OR  
History of donor-derived infection in the recipient of organ or HCT/P transplant within the 3 months prior to specimen collection,  
OR  
History of donor-derived infection in the recipient of a blood transfusion within the 3 months prior to specimen collection.  
¥  
Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela.  
Case Classification  
Confirmed  
Meets acute Chagas disease confirmatory laboratory evidence  
AND  
acute Chagas disease epidemiologic linkage criteria.  
\*\*  
\*\* See Appendix 1  
for more information related to signs and syndromes of acute and congenital Chagas disease  
.  
Chagas disease, chronic  
Laboratory Criteria  
Confirmatory Laboratory Evide  
nce:  
‡  
Detection of IgG antibodies specific to  
T. cruzi  
by at least two diagnostic tests using two different  
antigen preparations.  
^  
Presumptive Laboratory Evidence:  
‡  
Detection of IgG antibodies specific to  
T. cruzi  
by a single diagnostic test,  
OR  
Positive blood, organ, or HCT/P donor screen for  
T. cruzi  
.  
^^  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
^ See Appendix 3 for more information related to antigen preparations for T. cruzi-specific IgG tests  
.  
^^ Blood, organ, and HCT/P donor screening does not constitute diagnostic testing.  
‡  
Includes chronic indeterminate and chronic symptomatic Chagas disease. See Appendix 2 for more information related to  
chronic Chagas disease  
.  
Epidemiologic Linkage  
Gestational parent that delivered a fetus or infant with confirmed congenital  
T. cruzi  
infection.  
Case Classification  
Suspect  
Meets  
only one  
chronic Chagas disease presumptive laboratory evidence criterion.  
‡  
Probable  
Meets  
all  
chronic Chagas disease presumptive laboratory evidence criteria,  
‡  
OR  
Meets one chronic Chagas disease presumptive laboratory evidence criterion  
AND  
chronic Chagas disease epidemiologic linkage criterion  
.  
‡  
Confirmed  
Meets chronic Chagas disease confirmatory laboratory evidence  
.  
‡  
‡  
Includes chronic indeterminate and chronic symptomatic Chagas disease. See Appendix 2 for more information related to  
chronic Chagas disease  
.  
Chagas disease, congenital  
Laboratory Criteria  
Confirmatory Chagas Disease:\*\*, \*\*\*  
Visualization of  
T. cruzi  
by microscopy (e.g., wet mount-microscopic examination, thick and thin smears-Giemsa stain) performed on any tissue or body fluid (collected from the fetus or infant within three months of delivery to gestational parent),  
OR  
Detection of  
T. cruzi  
DNA by molecular testing (e.g., NAAT, metagenomic sequencing) performed on any tissue or body fluid (collected from the fetus or infant within three months of delivery to gestational parent).  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
\*\* See Appendix 1  
for more information related to signs and syndromes of acute and congenital Chagas disease  
.  
\*\*\* Individuals experiencing reactivation may test positive using molecular testing or microscopic observation. These individuals can be counted as a chronic case pending positive serology that meets the chronic case definition. In the context of transplant recipients, case classification should be informed by whether the positive result may reflect an acute, donor-derived infection or chronic infection in a case experiencing reactivation.  
Case Classification  
Confirmed  
A fetus (≥20 weeks or ≥350g) or an infant who meets congenital Chagas disease confirmatory laboratory evidence in the absence of other known routes of transmission.\*\*  
\*\* See Appendix 1  
for more information related to signs and syndromes of acute and congenital Chagas disease  
.  
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Back to Top  
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Facebook  
LinkedIn  
Twitter  
Syndicate  
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Case Definitions  
Message Mapping Guides  
Supporting Documents for Implementation  
Event Codes & Other Surveillance Resources  
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View All  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
Sign up for Email Updates  
Contact CDC  
Organization  
Policies  
Web Policies  
Languages  
Languages  
Español  
Language Assistance  
Archive  
CDC Archive  
Public Health Publications  
Contact Us  
About CDC  
Organization  
Policies  
Web Policies  
Languages  
Languages  
Español  
Language Assistance  
Archive  
CDC Archive  
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