Person exposed or potentially exposed to a triatomine bug and the bug or photo of the bug is available for identification

• Email the digital photo(s) to DSHS at bonny.mayes@dshs.texas.gov, whitney.qualls@dshs.texas.gov and the.vet@dshs.state.tx.us

• If bug appears to be a triatomine or no photo is available, send the bug to DSHS for identification and testing (instructions and submission form are available on the DSHS Chagas page).
  ➢ If the bug is not a triatomine, the person is NOT at risk for Chagas disease
  ➢ If the bug tests positive for T. cruzi, go to process 2 or 3, depending on timeframe
  ➢ If the bug tests negative for T. cruzi, the person is NOT at risk for Chagas disease

• If the bug appears to be a triatomine, but is not available for testing and you wish to pursue clinical testing, go to process 2

1

Person tests positive at a blood bank
  OR
  Person exposed or potentially exposed to a T. cruzi positive triatomine bug >8 weeks prior
  OR
  Person with onset of cardiac disease compatible with chronic Chagas disease
  OR
  Person with Chagas-positive mother or sibling
  OR
  Person potentially exposed to blood or tissue from an infected person or animal >8 weeks prior (e.g. needlestick injury, tissue transplant)

• Perform serology at a commercial lab

2

Positive serology – request that any remaining sample be forwarded to the DSHS lab or collect a new sample and send to DSHS lab for routing to CDC (select “Chagas Disease” in Section 9: CDC Reference Tests on the G-2A submission form)

3

Person exposed or potentially exposed to a T. cruzi positive triatomine bug ≤8 weeks prior
  OR
  Person traveled to a Chagas-endemic area and has acute symptoms
  OR
  Person potentially exposed to blood or tissue from an infected person or animal ≤8 weeks prior (e.g. needlestick injury, tissue transplant)

• Prior to sample submission, consult with Regional DSHS Zoonosis Control staff to 1) determine if PCR testing is warranted, and 2) to discuss other testing options

• If CDC agrees to test by PCR, submit the appropriate sample to the DSHS Lab for routing to CDC (select “Chagas Disease” in Section 9: CDC Reference Tests on the G-2A submission form)

• If CDC recommends serologic testing instead of PCR testing, the sample should be sent to a commercial lab (follow process 2)

• If the person is confirmed positive at the CDC, consult with CDC staff regarding clinical evaluation, management, and treatment* of Chagas disease

• If the person tests negative at CDC, the person does NOT have Chagas disease

Negitive serology – person does NOT have Chagas disease

Positive serology – request that any remaining sample be forwarded to the DSHS lab or collect a new sample and send to DSHS lab for routing to CDC (select “Chagas Disease” in Section 9: CDC Reference Tests on the G-2A submission form)

• If the person is confirmed positive at the CDC, consult with CDC staff regarding clinical evaluation, management, and treatment* of Chagas disease

• If the person tests negative at CDC, the person does NOT have Chagas disease

* Benznidazole approved by FDA for use in children 2-12 years of age; Nifurtimox is available as an investigational drug through CDC
Major Commercial Labs that Currently Perform Chagas Ab Testing

- **Mayo Medical Lab**

- **ARUP**

- **Quest Diagnostics**
  - *Trypanosoma cruzi* Antibody, IgG:

Disclaimer of Endorsement: Reference herein to any specific commercial laboratory or test does not necessarily constitute or imply its endorsement, recommendation, or favoring by the Texas Department of State Health Services.