



To: CAHAN San Diego Participants

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From: Public Health Services

Health Alert: First Locally Acquired Chagas Case and Chronic Chagas Disease in San Diego County

Key Messages

- A case of locally acquired Chagas disease has been detected in a resident of San Diego County.
- Chagas disease is transmitted by the infected fecal matter of triatomine or “kissing” bugs, which are commonly found in the county.
- The case confirms that local triatomine bugs are a competent vector for the causative parasite, *Trypanosoma cruzi*, and underscores the need for public education and preventive measures.
- Locally acquired Chagas disease has occurred rarely in California; the risk of widespread transmission in the county remains low.
- Because a significant proportion of the county’s population may have been born in a Chagas-endemic region or born to a person from an endemic region (rural areas of Mexico and Central and South America), prenatal screening and treatment are recommended to prevent up to 30% of infected individuals from developing severe cardiac or gastrointestinal disease later in life.
- Chagas was made locally reportable in San Diego County in 2024. Providers are required to report any cases with positive laboratory results indicating Chagas disease to the County Epidemiology Unit within 7 days.
- If Chagas disease is suspected, providers can consult the Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM).

Situation

A case of locally acquired Chagas disease has been identified in a San Diego County resident from the Sorrento Valley area. Chagas was suspected following routine screening during the person’s first blood donation. The case does not recall seeing triatomines or being bitten. The case has no other epidemiological risk factors for Chagas disease, including travel history to Chagas-endemic countries (rural areas of Mexico and Central and South America), being born in or to a person from an endemic country, or receiving blood products or an organ transplant. As a result, the case is considered chronic asymptomatic Chagas disease.

Background

The Parasite and Vector

Trypanosoma cruzi (*T. cruzi*) is the protozoan parasite that causes Chagas disease. It is carried by triatomine bugs, which are about an inch in length when adults and have a distinctive long, cone-shaped head (Figure 1). Although this is a biting bug, the parasite is spread by the insect’s fecal matter. The insect acquires the parasite when feeding on infected hosts. The infection is spread when the insect’s excrement gets into a new host’s bite, other wound, or mucous membranes. Although the smaller nymphal forms can only crawl, adult forms both crawl and fly to feed. Triatomines usually bite a sleeping or resting host. Salivary proteins act as an anesthetic, allowing the bug to bite unnoticed. Allergic reactions to bites are more common than transmission of *T. cruzi* in the United States (US). The most common local species of triatomine in San Diego is *T. protracta*. *T. protracta* specimens have tested positive for *T. cruzi* parasites in San Diego County; however, behavioral differences make them less likely to transmit the parasites to humans when compared to related species found in Latin America.



Figure 1. *Triatoma protracta*.

Disease Burden

Risk of locally acquired Chagas disease in California remains very low. While the case meets the case definition for chronic Chagas, its occurrence reflects a rare spillover from transmission cycles between local triatomines and wildlife populations and does not imply an emerging infectious disease threat. Most chronic Chagas cases in the US are the result of past exposures in endemic areas of Latin America where an estimated 6 million people are currently living with infection, and 30,000 new infections occur annually. It has been estimated that due to its population size and immigration patterns, including having the most traveled international land border in the western hemisphere, California likely has the [largest number of undiagnosed asymptomatic Chagas disease cases](#) in the US. The Los Angeles–Long Beach–Anaheim area alone has been estimated to have more than 44,000 infected adults. For that reason, the County of San Diego (CoSD) joined Los Angeles County in making Chagas locally reportable in 2024. Since that time, there have been 22 reported suspect cases and four confirmed cases, including this first locally acquired case. The low number of reported cases relative to the number of people born in or born to a person from Latin America is an indication of low screening rates.

Symptoms

Acute Chagas infections are often asymptomatic, but patients can present with nonspecific flu-like symptoms. Chagoma, a raised swelling in the location of a *T. cruzi* infected wound, is one manifestation of acute infection but not all people who are infected develop a chagoma. Acute Chagas disease, when untreated, resolves within weeks or months, persisting as a subclinical chronic infection. In untreated patients, some cases of chronic Chagas disease (20–30%) progress to a symptomatic chronic form of illness that may include severe cardiac and/or gastrointestinal involvement which can lead to fatal complications. Congenital Chagas cases should be managed as acute Chagas infections; although most congenital infections are asymptomatic, treatment prevents potentially severe complications for infants (including meningoencephalitis, pneumonitis, and death) and prevents complications from chronic Chagas disease later in life. Chagas-induced cardiomyopathy is a leading cause of end stage heart failure requiring cardiac transplant in Latin America.

Diagnosis and Treatment

Acute Chagas infections can be diagnosed through polymerase chain reaction (PCR) and microscopy of thick and thin blood smears. Chronic Chagas disease is diagnosed through serologic tests that detect antibodies to *T. cruzi* parasites. No single serologic test is sufficiently sensitive and specific for diagnosis, so clinicians are recommended to use two or more tests that can detect antibodies to different antigens. The Hemagen enzyme-linked immunosorbent assay (ELISA), Wiener ELISA, and InBios Lateral Flow Test (LFT) are available through commercial laboratories. Additional testing to confirm discordant lab results is available through the Centers for Disease Control and Prevention (CDC), and if indicated, will be coordinated through the CoSD Epidemiology Unit and the County of San Diego Public Health Laboratory. For more details, please see the CDC's [Clinical Testing Guidance for Chagas Disease](#). Antiprotozoal treatment (benznidazole or nifurtimox) is indicated for all acute and reactivated infections, and for all chronic infections in individuals under 18. Treatment is strongly recommended for patients under 50 without advanced

cardiomyopathy. Persons diagnosed with Chagas disease should be evaluated for potential cardiac and gastrointestinal complications.

Actions Requested

- **Share** information about how to [exclude triatomines from homes and prevent exposures](#) with patients who have found kissing bugs in their homes and who are concerned about their risk for rare locally acquired Chagas infections.
- **Counsel** international travelers to review [CDC travel guidance](#) for their destination countries for information on how to protect themselves from Chagas disease and other endemic illnesses.
- **Screen** patients for Chagas disease if they meet any of the following screening criteria:
 - Born in Mexico, continental Central America, or continental South America (OR who lived in these areas for 6 or more months). In particular, the following populations are of concern:
 - Pregnant people
 - People with immune-compromising conditions
 - Family members of people diagnosed with Chagas disease if travel or residence exposures were shared
 - Any person whose gestational parent was diagnosed with Chagas disease.
- **Be aware** that Chagas disease has both acute and chronic phases, and screening testing is different depending on the stage:
 - **Acute Chagas disease** is commonly diagnosed by microscopy or Polymerase-Chain Reaction (PCR) testing.
 - Infants suspected of congenital Chagas disease should be screened using these methods.
 - Refer to the following CDC algorithms to guide Chagas testing for infants:
 - [Algorithm for evaluation of congenital Chagas disease: infant < 3 months of age](#) (PDF)
 - [Algorithm for evaluation of congenital Chagas disease: infant ≥ 3 months of age](#) (PDF)
 - See [Clinical Considerations for Congenital Chagas Disease](#) and [CDC's Clinical Considerations webpage](#) for more information.
 - Immunosuppressed patients may also experience reactivation of chronic Chagas disease; molecular (PCR) testing is also appropriate in these patients.
 - **Chronic Chagas disease** is diagnosed via serologic testing for *T. cruzi* antibodies. The majority of patients with Chagas in San Diego County are expected to have chronic Chagas disease due to population size and global migration patterns.
- **Test** all patients who meet the above screening criteria for chronic Chagas disease by ordering a *T. cruzi* serologic test.
 - Because no single serologic test is sensitive and specific enough to diagnose Chagas disease; order a Chagas serologic panel with two different serologic tests, when available.
 - Request testing at CDC to confirm infection when only one test is available at a commercial lab or when results from a serologic panel are discordant.
- **Screen** patients with confirmed chronic Chagas disease for cardiac or gastrointestinal complications and assess the risks and benefits of treatment.
 - Patients diagnosed with Chagas disease are recommended to receive the following:
 - ECG (repeated annually)
 - Echocardiogram
 - Chest x-ray, if an echocardiogram cannot be performed
- **Treat** all cases of acute or reactivated Chagas disease and all chronic infections in children under 18 with antiparasitic drugs:
 - Nifurtimox and benznidazole are FDA-approved for treatment of *T. cruzi* infections in pediatric patients. Recommendations on dosage and treatment duration can be found on the [CDC Clinical Care of Chagas Disease webpage](#).
 - Use of antiprotozoal drugs to treat a patient outside of the FDA-approved age ranges (0-18 for nifurtimox, 2-12 for benznidazole) is based on clinical diagnosis and decision of the treating provider.

- **Treat** adults 18 to 50 years old with chronic Chagas disease who do not already have advanced cardiomyopathy.
- **Consider** treatment of adults older than 50 years with chronic infection; the decision to treat should be individualized. See [CDC Clinical Care of Chagas Disease](#) for more details.
- **Do not treat** pregnant or breastfeeding individuals. Treatment should be delayed until after birth or cessation of breastfeeding.
- **Report** Chagas positive laboratory tests to CoSD Epidemiology and Immunizations Services Branch within 7 days after receipt of the positive result by completing the [Confidential Morbidity Report](#) (CMR), which can be faxed to the County Epidemiology Unit at 858-715-6458 or sent by secure email to epi-cdreporting.hhsa@sdcounty.ca.gov. The Epidemiology Unit can be contacted by calling 619-692-8499 (Monday-Friday 8 AM-5 PM).
- **Learn more** about Chagas disease in San Diego County by attending the quarterly Southern California Chagas Disease Collaborative Meeting. For more information, email Meghan.Villalobos@sdcounty.ca.gov.

Resources

International

- [Chagas disease - PAHO/WHO | Pan American Health Organization](#)

National

- [Chagas Disease | CDC](#)
- [Clinical Considerations for Chagas Disease – Congenital Chagas Disease | CDC](#)
- [Chagas Disease: Optimizing Care for Pregnant Women and Children | CDC](#)
- [Clinical Care of Chagas Disease | CDC](#)
- [Benznidazole Label | FDA](#)
- [Nifurtimox Label | FDA](#)
- [DPDx – American Trypanosomiasis | CDC](#)
- [Parasites – Continuing Education – Chagas Disease” What U.S. Clinicians Need to Know | CDC](#)

State

- [FAQs Conenose \(Kissing\) Bugs and Chagas Disease | CDPH](#)

Local

- [Health Advisory: Chagas Disease Now Locally Reportable in San Diego County | CoSD](#)
- [Chagas Disease | CoSD](#)
- [Kissing Bugs | CoSD](#)
- [Disease Reporting for HCPS | CoSD](#)

Thank you for your participation.

CAHAN San Diego

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