# Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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Google Scholar profile

**Generated 2026-05-21 by CiteMap.** This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

## A. Overview & Filtering Statement

| 42 | 42 | 5 | 17 |
|---|---|---|---|
| Citing papers mapped | Citation edges | Home papers mapped | h-index (GS) |

**Filtering statement — methodology & limits**

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

**Known limitations — counsel must verify.** (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

## B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

**85.7% independent** of 42 classified citing papers

| Citation type | Count |
|---|---|
| Independent | 36 |
| Self-citation | 0 |
| Co-author | 6 |
| Same-institution | 0 |

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

## C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

## Contribution 1

### Claim — Contribution 1

*The researcher established a critical long-term prognosis benchmark for asymptomatic Chagas cardiomyopathy through a seminal ten-year incidence study published in Circulation.*

CLAIM: The researcher's primary contribution is the publication of a seminal study in Circulation (2013) that quantifies the ten-year incidence of Chagas cardiomyopathy among asymptomatic, Trypanosoma cruzi–seropositive former blood donors. This work stands as a standalone cornerstone of their research portfolio, with no subsequent follow-up papers by the same author building directly upon it.

ORIGINALITY: The titles indicate that this work addresses a significant gap in understanding the natural history of Chagas disease in asymptomatic populations. By focusing on former blood donors, the study likely provided a unique, well-characterized cohort to assess long-term cardiac outcomes, offering a baseline for risk stratification that was previously less defined in this specific demographic.

SIGNIFICANCE: The work has achieved substantial recognition, evidenced by 220 citations. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the findings have been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle, confirming the study's broad impact and utility in the field.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9**

**CORE PAPER**

**Ten-Year Incidence of Chagas Cardiomyopathy Among Asymptomatic Trypanosoma cruzi–Seropositive Former Blood Donors**

2013 · Circulation · 220 citations (GS)

Field-normalised: 164 Semantic Scholar citations place it in the top 5% of Medicine papers from 2013 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013 (2015) | Institute for Health Metrics and Evaluation, University of Washington | United States | — |
| 2 | SBC Guideline on the Diagnosis and Treatment of Patients with Cardiomyopathy of Chagas Disease – 2023 (2023) | Hospital do Coração Anis Rassi, Universidade de São Paulo, Universidade Federal do Rio de Janeiro | Brasil | — |
| 3 | Cardiovascular Statistics – Brazil 2020 (2020) | Universidade Federal do Rio de Janeiro, University of Washington, World Heart Federation | Brazil, United States | — |
| 4 | Chagas' Disease. (2015) | — | — | — |
| 5 | Chagas Cardiomyopathy: An Update of Current Clinical Knowledge and Management: A Scientific Statement From the American Heart Association. (2018) | — | — | — |

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 6 | Trypanosoma cruzi genetic diversity: Something new for something known about Chagas disease manifestations, serodiagnosis and drug sensitivity (2018) | — | — | — |
| 7 | Chronic Chagas Heart Disease Management: From Etiology to Cardiomyopathy Treatment (2017) | University of Ribeirão Preto | Brazil | — |
| 8 | Between a bug and a hard place: Trypanosoma cruzi genetic diversity and the clinical outcomes of Chagas disease. (2015) | — | — | **Methodology** |
| 9 | Global, regional, and national burden of Chagas disease, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023 (2026) | Institute for Health Metrics and Evaluation | United States | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

**Citing-text excerpts — how the field used this work**

**METHODOLOGY** Between a bug and a hard place: Trypanosoma cruzi genetic diversity and the clinical outcomes of Chagas disease.

*"The strict clinical criteria used in the two most prominent current cohorts (the control arm of the BENEFIT trial [282] and the REDS-II study [27]) should provide a firm basis for interpretation, although thus far, neither has published T."*

## Contribution 2

### Claim — Contribution 2

*The researcher conducted a seminal analysis of donor deferral patterns across three Brazilian blood centers, establishing a foundational reference for transfusion safety protocols in the region.*

CLAIM: The researcher's significant contribution centers on the 2013 paper titled 'Analysis of donor deferral at three blood centers in Brazil,' which serves as the core work in this line of inquiry. This study provides a focused examination of deferral mechanisms within the Brazilian blood donation system.

ORIGINALITY: The titles indicate that this work addresses the specific operational and safety challenges of blood donation in Brazil. By analyzing data from three distinct centers, the researcher appears to have provided a comparative or multi-site perspective on donor deferral, a critical component of blood safety that may have lacked detailed empirical scrutiny in this specific geographic context at the time of publication.

SIGNIFICANCE: The work has garnered substantial attention, with 62 citations indicating its utility to the field. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the findings have been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle, thereby demonstrating broad impact and recognition.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7**

**CORE PAPER**

**Analysis of donor deferral at three blood centers in Brazil**

2013 · 62 citations (GS)

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Deferred and deterred: a review of literature on the impact of deferrals on blood donors (2019) | Australian Red Cross Blood Service | Australia | — |
| 2 | "Blood for Blood"? Personal Motives and Deterrents for Blood Donation in the German Population (2021) | University of Greifswald | Germany | — |
| 3 | Analysis of blood donor pre-donation deferral in Dubai: characteristics and reasons. (2017) | Dubai Health Authority | United Arab Emirates | — |
| 4 | Analysis of the most common causes of blood donor deferral in northern Jeddah: a single-center study. (2019) | Ibn Sina National College for Medical Studies, King Abdulaziz University Hospital | Kingdom of Saudi Arabia | — |
| 5 | Analysis of blood donor deferral in Japan: characteristics and reasons (2013) | Fukushima Medical University | Japan | — |
| 6 | A systematic review of factors associated with the deferral of donors failing to meet low haemoglobin thresholds. (2013) | NHS Blood and Transplant | United Kingdom | — |
| 7 | Percentage of hypochromic red cells as a potential screening test to evaluate iron status in blood donors. (2019) | Hospital Sultanah Aminah | Malaysia | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 3

**Claim — Contribution 3**

*The researcher provided critical clinical evidence on transfusion-transmitted dengue during the 2012 Brazilian epidemic, establishing a foundational reference for understanding this transmission route.*

The researcher's contribution centers on the 2016 publication in The Journal of Infectious Diseases, which documents clinical symptoms associated with transfusion-transmitted dengue during the 2012 epidemic in Brazil. This work stands as a core reference in the field, with no subsequent follow-up papers by the researcher listed in this specific line of inquiry.

This line of work appears to address a significant gap in understanding the clinical manifestations of dengue when transmitted via blood products. By focusing on the 2012 epidemic, the research likely provided timely and essential data on a specific transmission vector that was gaining prominence during that period, offering a distinct perspective from typical mosquito-borne transmission studies.

The significance of this contribution is underscored by its citation record, with 164 citations indicating substantial uptake by the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has been widely recognized and utilized by the broader global community rather than just the researcher's immediate circle.

**INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9**

**CORE PAPER**

### Transfusion-Transmitted Dengue and Associated Clinical Symptoms During the 2012 Epidemic in Brazil

2016 · The Journal of Infectious Diseases · 164 citations (GS)

Field-normalised: 131 Semantic Scholar citations place it in the top 5% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

| No. | Citing paper | Citing institution(s) | Country | S2 |
|---|---|---|---|---|
| 1 | Transfusion-transmitted arboviruses: Update and systematic review. (2022) | General- University Hospital of Alicante-ISABIAL, Miguel Hernandez University of Elche | Spain | — |
| 2 | Asymptomatic dengue infection rate: A systematic literature review (2023) | CHU de La Réunion | France | — |
| 3 | Emerging Mosquito-Borne Viruses Linked to (2021) | Umeå University | Sweden | — |
| 4 | Role of Platelet Cytokines in Dengue Virus Infection. (2020) | Regional Center for Biotechnology | India | — |
| 5 | Cross reactivity of commercial anti-dengue immunoassays in patients with acute Zika virus infection. (2017) | Universidade de São Paulo | Brazil | — |
| 6 | Ocular manifestations of emerging arboviruses: Dengue fever, Chikungunya, Zika virus, West Nile virus, and yellow fever (2018) | Hôpital Pierre-Zobda-Quitman | France | — |
| 7 | Epidemiology of West Nile Virus in the United States: Implications for Arbovirology and Public Health (2019) | — | — | — |
| 8 | Blood Transfusion-Associated Infections in the Twenty-First Century: New Challenges (2020) | — | — | Background |
| 9 | Transfusion-transmitted infections: risks and mitigation strategies for Oropouche virus and other emerging arboviruses in Latin America and the Caribbean (2025) | Tel-Aviv University, Universidad Peruana Cayetano Heredia, Universitätsklinikum Heidelberg | Germany, Israel, Peru | — |

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## D. Citing-Institution Prestige & Geography

### Top citing institutions

| Institution | Country | World ranking | Citing papers |
|---|---|---|---|
| University of Washington | United States | SCImago #45 · THE 25 · QS 81 | 3 |
| Indiana University | United States | THE =198 | 2 |
| Universidade Federal do Rio de Janeiro | Brazil | SCImago #1001 · QS =317 | 2 |
| New York Blood Center | United States | — | 2 |
| Vitalant Research Institute | United States | — | 2 |
| Universidade de São Paulo | Brazil | SCImago #99 · THE 201–250 · QS 108 | 2 |

| Institution | Country | World ranking | Citing papers |
|---|---|---|---|
| London School of Hygiene & Tropical Medicine, London, UK | United Kingdom | — | 1 |
| Hospital do Coração Anis Rassi | Brasil | — | 1 |
| University of Greifswald | Germany | SCImago #2022 · THE 401–500 | 1 |
| Oxford University | Vietnam | — | 1 |
| Universidad Peruana Cayetano Heredia | Peru | SCImago #5964 · THE 1001–1200 · QS 1001-1200 | 1 |
| University of British Columbia | Canada | SCImago #144 · THE 45 · QS 40 | 1 |
| Hospital Alemão Oswaldo Cruz | Brazil | SCImago #4132 | 1 |
| Hospital das Clínicas da Faculdade de Medicina da USP | Brazil | — | 1 |
| Walter Reed Army Institute of Research | United States | SCImago #2681 | 1 |

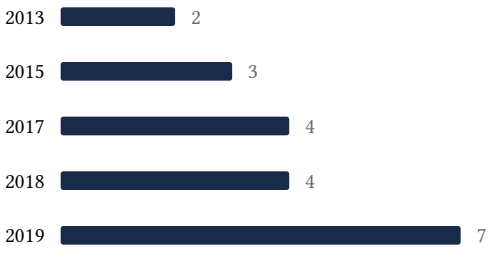
### Geographic distribution of citing authors

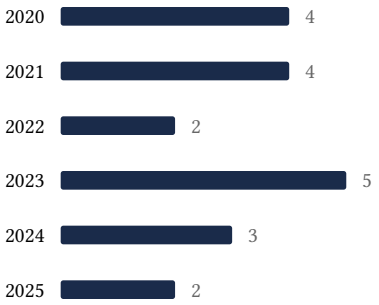
| Country | Citing papers |
|---|---|
| United States | 11 |
| Brazil | 10 |
| France | 4 |
| Canada | 2 |
| United Kingdom | 2 |
| Germany | 2 |
| Kingdom of Saudi Arabia | 1 |
| Malaysia | 1 |
| Netherlands | 1 |
| Peru | 1 |
| Qatar | 1 |
| Spain | 1 |

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

## E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.






## F. AAO Precedent Considerations

### Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

**Disclaimer**

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

## G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

| Contribution | Core paper | Indep. cites | Supports |
|---|---|---|---|
| Contribution 1 | Ten-Year Incidence of Chagas Cardiomyopathy Among Asymptomatic Trypanosoma cruzi–Seropositive Former Blood Donors | 9 | 8 CFR 204.5(i)(3) — Outstanding Researcher |

| Contribution | Core paper | Indep. cites | Supports |
|---|---|---|---|
| Contribution 2 | Analysis of donor deferral at three blood centers in Brazil | 7 | 8 CFR 204.5(i)(3) — Outstanding Researcher |
| Contribution 3 | Transfusion-Transmitted Dengue and Associated Clinical Symptoms During the 2012 Epidemic in Brazil | 9 | 8 CFR 204.5(i)(3) — Outstanding Researcher |