



Trichinosis

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date ____/____/____
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other

Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

OK to talk to case? Yes No DK Date of interview ____/____/____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

- Y N DK NA
 Fever Highest measured temp (°F): ____
 Oral Rectal Other: _____ Unk
 Muscle aches or pain (myalgia)
 Swollen eyelids
 Eyes sensitive to light (photophobia)
 Sweating
 Chills
 Thirst
 Prostration
 Malaise
 Weakness/fatigue
 Abdominal cramps or pain
 Vomiting
 Diarrhea Maximum # of stools in 24 hours: ____

Clinical Findings

- Y N DK NA
 Periorbital edema
 Ocular hemorrhages (subconjunctival, subungual, retinal)
 Photophobia
 Remittent fever
 Cardiac complications
 Neurological complications

Hospitalization

- Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____
 Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Laboratory

Collection date ____/____/____
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT

- Eosinophilia
 Uncalcified cysts of *Trichinella* larvae (muscle biopsy)
 ***Trichinella* antibodies elevated**
 ***Trichinella* larvae in suspect foods**

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to calculate probable exposure period

Days from onset:

-45	-5
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o
n
s
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t

Calendar dates:

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EXPOSURE (Refer to dates above)

- Y N DK NA**
 Travel out of the state, out of the country, or outside of usual routine
 Out of: County State Country
 Dates/Locations: _____

 Case knows anyone with similar symptoms
 Epidemiologic link to a confirmed human case
 Pork
 Wild boar, any cut Sausage Chops
 Roast Ham Bacon
 Other pork: _____ Unk
 Date consumed: ___/___/___
 Rare, undercooked, or raw: Y N DK NA
 Where obtained: Grocery Butcher shop
 Restaurant Farm Hunted/trapped
 Other: _____ Unk
 Preparation after purchase:
 No further processing Ground Smoked
 Dried jerky Marinated Cooked
 Other: _____ Unk
 Method of cooking: Uncooked
 Fried Open-Fire Roasting
 Other cooking: _____ Unk

- Y N DK NA**
 Other meat
 Hamburger Horse meat Bear meat
 Arctic mammal Type: _____
 Other wild game: _____ Unk
 Date consumed: ___/___/___
 Rare, undercooked, or raw: Y N DK NA
 Where obtained: Grocery Butcher shop
 Restaurant Farm Hunted/trapped
 Other: _____ Unk
 Preparation after purchase:
 No further processing Ground Smoked
 Dried jerky Marinated Cooked
 Other: _____ Unk
 Method of cooking: Uncooked
 Fried Open-Fire Roasting
 Other cooking: _____ Unk
 Handled raw meat
 Occupational exposure
 Hunter

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified
 Patient could not be interviewed

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

- Education provided
 Restaurant inspection
 Initiate traceback investigation
 Other, specify: _____

NOTES

Investigator _____ Phone/email: _____	Investigation complete date ___/___/___
Local health jurisdiction _____	Record complete date ___/___/___

Trichinosis: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered