



# 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 (periorbital edema)**

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

**Asymptomatic (no clinical illness)**

### 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

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

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P N I O NT

**Eosinophilia**

**Uncalcified cysts of *Trichinella* larvae (muscle biopsy)**

***Trichinella* antibodies elevated**

***Trichinella* larvae demonstrated in suspect foods**

### NOTES

**INFECTION TIMELINE**

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

Exposure period

Days from onset:

Calendar dates:

o  
n  
s  
e  
t

**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**

**Shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product. Describe:** \_\_\_\_\_  
 \_\_\_\_\_

**Consumed a meat product in which *Trichinella* was identified. Describe:** \_\_\_\_\_  
 \_\_\_\_\_

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  
 Continue to next column...

**Y N DK NA**

**\*\*Pork details (continued from left column)**

Pork preparation after purchase:  
 No further processing  Ground  Smoked  
 Dried jerky  Marinated  Cooked  
 Other: \_\_\_\_\_  Unk

Method of cooking pork:  Uncooked  
 Fried  Open-Fire Roasting  
 Other cooking: \_\_\_\_\_  Unk

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; type: \_\_\_\_\_

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