



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 ____/____/____

Reporter (check all that apply)

Lab Hospital HCP

Public health agency Other

OK to talk to case? Yes No Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

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

Race (check all that apply)

Amer Ind/AK Native Asian

Native HI/other PI Black/Afr Amer

White

Other

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 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 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: -45 -5

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

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