## Trichinosis

### Administrative

**Investigator**

LHJ Case ID (optional) ____________________________

**LHJ notification date ____/____/______**

**Classification**  
- Classification pending
- Confirmed
- Not reportable
- Probable
- Ruled out
- Suspect

**Investigation status**

- In progress
- Complete
- Complete – not reportable to DOH
- Unable to complete
- Reason ____________________________

**Investigation start date ____/____/______**

**Investigation complete date ____/____/______**

**Case complete date ____/____/______**

**Outbreak related**  
- Yes
- No
- Unk

**LHJ Cluster ID ________**

**Cluster Name ______________**

### Report Source

**Initial report source**

- LHJ

- Reporter organization ________________________________

- Reporter name ________________________________

- Reporter phone ________________________________

**All reporting sources (list all that apply)**

- [ ]

- [ ]

- [ ]

### Communications

**Primary HCP name**

- Phone ________________________________

**OK to talk to patient (If Later, provide date)**

- Yes
- Later ____/____/______
- Never

**Date of interview attempt ____/____/______**

- Complete
- Partial
- Unable to reach

- Patient could not be interviewed

**Alternate contact**

- Parent/Guardian
- Spouse/Partner
- Friend
- Other ________________

- Name ________________________________

- Phone ________________________________

### Clinical Information

**Complainant ill**  
- Yes
- No
- Unk

**Symptom Onset ____/____/______**

**Derived**

**Diagnosis date ____/____/______**

**Illness duration [ ]**

- [ ] Days
- [ ] Weeks
- [ ] Months
- [ ] Years

**Illness is still ongoing**  
- Yes
- No
- Unk

**Clinical Features**

*Signs and symptoms*

- Y
- N
- Unk

- [ ] Asymptomatic (no clinical illness)

- [ ] Any fever, subjective or measured  
  - Temp measured?  
  - Yes
  - No  
  - Highest measured temp _______°F

- [ ] Myalgia (muscle aches or pain)

- [ ] Periorbital edema (swollen eyelids)

- [ ] Photophobia (eyes sensitive to light)

- [ ] Sweats

- [ ] Chills or rigors

- [ ] Thirst

- [ ] Malaise

- [ ] Weakness

- [ ] Fatigue

Trichinosis required variables are in **bold**. Answers are: Yes, Maybe, No, Unknown to case
Abdominal pain or cramps
Nausea
Vomiting
Diarrhea (3 or more loose stools within a 24 hour period)

Complications
Ocular hemorrhages (subconjunctival, subungual, retinal)
Remittent fever
Cardiac involvement/complications
Neurological complications
Other symptoms consistent with this illness

Outcome of illness
Recovered
Died
Unk
Other

Clinical Testing
Y   N   Unk
Eosinophilia   Absolute number or percentage _______

Hospitalization
Y   N   Unk
Hospitalized at least overnight for this illness   Facility name
Hospital admission date ___/___/___   Discharge ___/___/___   HRN
Admitted to ICU   Date admitted to ICU ___/___/___   Date discharged from ICU ___/___/___
Mechanical ventilation or intubation required
Still hospitalized   As of ___/___/___
Y   N   Unk
Died of this illness   Death date ___/___/___
Please fill in the death date information on the Person Screen
Autopsy performed
Death certificate lists disease as a cause of death or a significant contributing condition

RISK AND RESPONSE
(Ask about exposures 5-45 days before symptom onset)

Travel
Travel out of:
County/City __________________
State _______________________
Country _____________________
Other ___________________

Destination name
Start and end dates ___/___/___ to ___/___/___

Risk and Exposure Information
Y   N   Unk
Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor)   Country
Does the case know anyone else with similar symptoms or illness   Ill contact’s onset date ___/___/___
Describe food/meals shared with ill contact ___________________________________

Food Exposure - Food exposure timeframe: 5-45 days prior to onset of illness.

Meat
Y   N   Unk
Pork (pig, roast, chops, bacon, ham, other)

If prepared/cooked in the home:

<table>
<thead>
<tr>
<th>Y   M   N   Unk</th>
<th>Where the meat prepared/cooked</th>
<th>Where the raw meat obtained</th>
<th>Preparation of the raw meat after obtaining</th>
<th>Method of cooking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon</td>
<td>In the home</td>
<td>Butcher shop</td>
<td>Dried (jerky)</td>
<td>Fried</td>
</tr>
<tr>
<td>Date consumed</td>
<td>Outside of the home</td>
<td>Farm</td>
<td>Ground</td>
<td>Open-fire roasted</td>
</tr>
<tr>
<td></td>
<td>Unk</td>
<td>Hunting/trapped</td>
<td>Marinated</td>
<td>Uncooked (eaten raw)</td>
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<td>Unk</td>
<td>No further processing</td>
<td>Unk</td>
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<tr>
<td></td>
<td></td>
<td>Other</td>
<td>Smoked</td>
<td>Other</td>
</tr>
</tbody>
</table>

| Pork chops     | In the home                     | Butcher shop                | Dried (jerky)                              | Fried            |
| Date consumed  | Outside of the home             | Farm                        | Ground                                      | Open-fire roasted |
|                | Unk                             | Hunting/trapped             | Marinated                                   | Uncooked (eaten raw) |
|                |                                 | Unk                         | No further processing                       | Unk              |
|                |                                 | Other                       | Smoked                                      | Other            |

| Ground Pork    | In the home                     | Butcher shop                | Dried (jerky)                              | Fried            |
| Date consumed  | Outside of the home             | Farm                        | Ground                                      | Open-fire roasted |
|                | Unk                             | Hunting/trapped             | Marinated                                   | Uncooked (eaten raw) |
|                |                                 | Unk                         | No further processing                       | Unk              |
|                |                                 | Other                       | Smoked                                      | Other            |

...
**Case Name ________________________**

**LHJ Case ID __________________**

Trichinosis required variables are in **bold**. Answers are: **Yes**, **Maybe**, **No**, **Unknown to case**

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<th>Y</th>
<th>M</th>
<th>N</th>
<th>Unk</th>
<th>Ham</th>
<th>Date consumed</th>
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<th>N</th>
<th>Unk</th>
<th>Wild boar, any cut</th>
<th>Date consumed</th>
<th>Where prepared/cooked</th>
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### Other meat (e.g., buffalo, wild game, goat)

- Buffalo/bison Date ___/___/___
- Venison, elk, boar, arctic mammal, or other wild game Date ___/___/___
  - ☐ Venison  ☐ Elk  ☐ Bear  ☐ Boar  ☐ Arctic mammal  ☐ Other wild game
- Other meat (e.g., goat, lamb) __________________________ Date ___/___/___

### Other processed meat products

- ☐ Dried meat strips or jerky
- ☐ Any fresh sausage  ☐ Chicken  ☐ Turkey  ☐ Pork  ☐ Beef  ☐ Other
- ☐ Any other meat products ____________________________

### Miscellaneous meat exposure

- ☐ Were any of the previously indicated meats/poultry consumed rare, undercooked, or raw
  - ☐ Goat  ☐ Lamb  ☐ Beef  ☐ Pork  ☐ Poultry  ☐ Wild game meat  ☐ Other
- ☐ Handled any raw meat, even if you did not eat it
  - ☐ Goat  ☐ Lamb  ☐ Beef  ☐ Pork  ☐ Poultry  ☐ Wild game meat  ☐ Other
- ☐ Consumed a meat product in which Trichinella was identified  Describe ____________________________

### Ask about detailed food exposures only if there has been no identified risk exposure in the 5-45 days prior to onset of illness.

**Sources of food IN home** - During exposure timeframe did you (your child) eat foods from:

- ☐ (1) Grocery stores or supermarkets
- ☐ (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- ☐ (3) Fish or meat specialty shops (butcher shop, etc)
- ☐ (4) Warehouse stores (Costco, Sam's Club, etc.)
- ☐ (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- ☐ (6) Live animal market, custom slaughter facility
- ☐ (7) Small markets/mini markets (convenience stores, gas stations, etc)
- ☐ (8) Health food stores or co-ops
- ☐ (9) Ethnic specialty markets (Mexican, Asian, Indian)
- ☐ (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- ☐ (11) Other ____________________________

**Type of Business** (enter number next to choices above) | **Business name** | **Address/location**
---|---|---
---|---|---
Sources of food outside home - During exposure timeframe did you (your child) eat foods from:

- (1) Fast casual (Chipolte, Panera, etc)
- (2) Fast food (McDonald's, Burger King, Wendy's)
- (3) Sandwich shop, deli
- (4) Jamaican, Cuban, or Caribbean
- (5) Ready-to-eat prepared food from grocery or deli
- (6) An event where food was served (catered event, festival, church, or community meal)
- (7) Mexican, Salvadorian, other Hispanic/Latino-style
- (8) Food trucks, food stalls/stands
- (9) School, hospital, senior center, or other institutional setting
- (10) Chinese, Japanese, Vietnamese, other Asian-style
- (11) All-you-can-eat buffet
- (12) Breakfast, brunch, diner, or café
- (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
- (14) Any takeout from a restaurant
- (15) Healthy restaurant (vegetarian, vegan, salad-based)
- (16) Salad bar at a grocery store or restaurant
- (17) Other ____________________________

<table>
<thead>
<tr>
<th>Type of Business (enter number next to choices above)</th>
<th>Restaurant/venue name</th>
<th>Date</th>
<th>Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)</th>
<th>Food ordered/eaten</th>
<th>Address/location</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Y  M  N  Unk

- Any food sampled (grocery, warehouse stores, food court, etc.) ________________________________

Animal Exposure

Y  N  Unk

- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)
- Hunting/butchering ____________________________
- Other work with animals or animal products ____________________________

Exposure and Transmission Summary

Y  N  Unk

- Epidemiologic link to a confirmed human case
- Shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product
  - Describe ____________________________
- Consumption of an epidemiologically implicated meat product or meal

Likely geographic region of exposure

- In Washington – county ____________________
- Not in US - country ____________________
- Other ____________________

International travel related

- During entire exposure period
- During part of exposure period
- No international travel

Suspected exposure type

- Foodborne
- Animal related
- Unk
- Other ____________________________
  - Describe ____________________________

Trichinosis required variables are in **bold.** Answers are: Yes, Maybe, No, Unknown to case
Suspected exposure setting

- Day care/Childcare
- School (not college)
- Home
- Work
- College
- Military
- Correctional facility
- Place of worship
- Laboratory
- Long term care facility
- Homeless/shelter
- International travel
- Out of state travel
- Social event
- Large public gathering
- Restaurant
- Other

Describe ________

Exposure summary

Public Health Interventions/Actions

- Patient education provided
- Restaurant inspection
- Commercial product implicated
- Initiate trace-back investigation
- Letter sent
- Date ______/____/____
- Batch date ______/____/____
- Any other public health action

TREATMENT

- Did patient receive prophylaxis/treatment
  - Specify medication ________
    - Antiviral
    - Other

NOTES

LAB RESULTS

- Lab report information
- Lab report reviewed – LHJ
- WDRS user-entered lab report note
- Submitter
- Performing lab for entire report
- Referring lab
- Specimen
- Specimen identifier/accession number
- Specimen collection date ______/____/____
- Specimen received date ______/____/____
- WDRS specimen type
- WDRS specimen source site
- WDRS specimen reject reason
- Test performed and result
- WDRS test performed
- WDRS test result, coded
- WDRS test result, comparator
- WDRS result, numeric only
- WDRS unit of measure
- Test method
- WDRS interpretation code
- Test result – Other, specify
- WDRS result summary
- Positive
- Negative
- Indeterminate
- Equivocal
- Test not performed
- Pending
- Test result status
- Final results; Can only be changed with a corrected result
  - Preliminary results
  - Record coming over is a correction and thus replaces a final result
  - Results cannot be obtained for this observation
  - Specimen in lab; results pending
- Result date ______/____/____

Upload document

Ordering Provider
WDRS ordering provider
Ordering facility
WDRS ordering facility name

Trichinosis required variables are in **bold**. Answers are: Yes, Maybe, No, Unknown to case