Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-418-5515

Trichinosis

County

LHJ Use ID _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ID _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

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: _____
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

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Eosinophilia
☐	☐	☐	☐	**Demonstration of non-calcified larvae of cysts of *Trichinella spiralis* on muscle biopsy**
☐	☐	☐	☐	**Elevated titer for *T. spiralis***
☐	☐	☐	☐	*T. spiralis* larvae in suspect foods

NOTES

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

INFECTION TIMELINE

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

	Exposure period		onset
Days from onset:	-45	-5	
Calendar dates:			

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

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

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

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

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

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

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