****TRICHINELLOSIS**

Utah Public Health

LHD name

LHD address line 1

LHD address line 2

*Phone:* *(801) xxx-xxxx*

*Confidential fax: (801) xxx-xxxx*

*Date finalized*

Confidential Case Report

Please fill in the blanks or check the answer for each field

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| **DEMOGRAPHIC INFORMATION** |
| **NEDSS ID** |            |  |
| **Last name** |            | **First / MI**  |            |  |
| **Address** |            | **City** |            | **Zip** |            |  |
| **County** |            | **State** |         | **Phone number(s)** |             |       |       |  |
| **Date of birth** |            | **Age** |          | **Gender** | [ ] M [ ]  F | **Parent/Guardian** |            |  |
| **Race** | [ ] White [ ] Black/Af. Am [ ] Amer. Indian [ ] Asian [ ] Alaska Native [ ] Native Hawaiian/Pacific Islander [ ] Other [ ] Unk |
| **Ethnicity** | [ ] Hispanic [ ] Non-Hispanic [ ] Unk |
| **Occupation** |            | *(check all that apply)*: [ ]  Child [ ]  Student [ ]  Volunteer [ ]  Unemployed [ ]  Retired |
| **Refugee or recent immigrant?** | [ ] Y [ ] N [ ] U | **If yes, how long has the patient been in the USA?** |            |  |
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| **CLINICAL INFORMATION** |
| Onset date: |            | Symptoms: | [ ]  None | [ ]  Photophobia | [ ]  Myalgia | [ ]  Periorbital edema  | [ ]  Nausea |
| Date resolved: |            | [ ] Ongoing | [ ]  Vomiting | [ ]  Abdominal pain | [ ]  Diarrhea | [ ]  Fever *(specify temperature):* |       |  |
|  | **Y** | **N** | **U** | **Details** |
| Seen by physician (including ED)? | [ ]  | [ ]  | [ ]  | Physician/ED: |            | Phone: |            | Date: |            |
| Hospitalized? | [ ]  | [ ]  | [ ]  | Health facility:  |            |  | Medical Record Number:            |
|  |  |  |  | From:  |             | To: |             |  |
| Died? | [ ]  | [ ]  | [ ]  | Date of death:  |            |  |
| Pregnant? [ ] N/A | [ ]  | [ ]  | [ ]  | Due date:  |            |
| Treated? | [ ]  | [ ]  | [ ]  | Treatment:  |            | Start: |            | End:  |            |  [ ] Not finished |
| Cardiac/neurological complications? | [ ]  | [ ]  | [ ]  | If yes, explain: |            |
| Immunocompromised? | [ ]  | [ ]  | [ ]  | If yes, explain:  |            |  |
| Co-infected? | [ ]  | [ ]  | [ ]  | If yes, disease: |            |

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| **LABORATORY / PROCEDURES INFORMATION** |
| Lab name/phone: |            |
| **Laboratory tests performed:** | **Y** | **N** | **U** | **If yes, complete questions below:** |
| Antibody / antigen detection | [ ]  | [ ]  | [ ]  | Collection date (acute): |            | Collection date (convalescent): |            |  |
|  |  |  |  | Test type: [ ]  ELISA [ ]  IFA [ ]  IHA [ ]  Other:            |
|  |  |  |  | Specimen source: [ ]  Serum [ ]  Other:            |
|  |  |  |  | Acute value: |            | Convalescent value: |            |  |
|  |  |  |  | Test result: [ ]  Positive [ ]  Negative [ ]  Inconclusive [ ]  Pending  |
| CBC with differential | [ ]  | [ ]  | [ ]  | Collection date: |            |  |
|  |  |  |  | Highest eosinophil value: |            | x109/L | or |            | % of WBC |
|  |  |  |  | Normal range: |            | x109/L | or |            | % of WBC  |
|  |  |  |  | Does patient have eosinophilia (elevated eosinophils)? [ ]  Y [ ]  N [ ]  U |
| Muscle biopsy | [ ]  | [ ]  | [ ]  | Collection date: |             |  |
|  |  |  |  | Test result: [ ]  Positive [ ]  Negative [ ]  Inconclusive [ ]  Pending  |
| Other | [ ]  | [ ]  | [ ]  | Collection date: |            | Test type:  |            |  |
|  |  |  |  | Specimen source:            |
|  |  |  |  | Test result: [ ]  Positive [ ]  Negative [ ]  Inconclusive [ ]  Pending  |
| Larvae in suspect food *(specify food):*       \_\_ | [ ]  Present [ ]  Absent [ ]  Not examined [ ]  Unknown  |
|  |  |  |  |  |  |
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| **REPORTING INFORMATION** |
| Reporter name:            | Phone:            | Reported by: [ ] Hospital/ICP [ ] Clinic/MD office [ ] Lab**[ ]** Other:            |
| Date results reported to clinician:             | Date reported to public health:            |
| Received by whom at LHD: |            | LHD open date: |            | LHD Investigator: |            |

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| **EXPOSURE PERIOD**  |
| *Have patient answer questions on following pages for the exposure period only:* |
| Date **45 days** before disease onset:            | Date **5 days** before disease onset:             |

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| **ILL CONTACT MANAGEMENT** |
| Any contacts ill with similar symptoms? | [ ] Y [ ] N [ ] U | *If yes, list below. If no, skip to TRAVEL HISTORY.* |
| *Note: Trichinellosis is not transmitted person-to-person; identify ill contacts who may have had same/similar exposure as patient.* |
|  |
|  Last name: |            | First / MI: |            | DOB:  |          | Sex: | [ ] M [ ] F |
| Relationship to case: |            | Onset date: |            | New case initiated? **** NETSS ID:  |            |  |
| Contact info same as case? [ ] Y [ ] N Address:  |            | Phone: |            |  |
|  Last name: |            | First / MI: |            | DOB:  |          | Sex: | [ ] M [ ] F |
| Relationship to case: |            | Onset date: |            | New case initiated? **** NETSS ID:  |            |  |
| Contact info same as case? [ ] Y [ ] N Address:  |            | Phone: |            |  |
|  Last name: |            | First / MI: |            | DOB:  |          | Sex: | [ ] M [ ] F |
| Relationship to case: |            | Onset date: |            | New case initiated? **** NETSS ID:  |            |  |
| Contact info same as case? [ ] Y [ ] N Address:  |            | Phone: |            |  |
|  Last name: |            | First / MI: |            | DOB:  |          | Sex: | [ ] M [ ] F |
| Relationship to case: |            | Onset date: |            | New case initiated? **** NETSS ID:  |            |  |
| Contact info same as case? [ ] Y [ ] N Address:  |            | Phone: |            |  |

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| **TRAVEL HISTORY (5-45 days before onset)** |
| Travel outside USA? | [ ] Y [ ] N [ ] U | Did case have visitors from out of state or outside the USA?  | [ ] Y [ ] N [ ] U |
| Travel outside Utah, but inside USA?  | [ ] Y [ ] N [ ] U | If yes, did visitors bring food to share?  | [ ] Y [ ] N [ ] U |
| Travel outside county, but inside Utah? | [ ] Y [ ] N [ ] U | If yes, details:            |
| *If case answered yes to any of above travel questions, then fill in boxes below. If no, skip to FOOD HISTORY.* |
|  |  |  |  |  |  |
| Travel Location: |            | From:  |            | To:  |            |  |
| Mode of Travel:  | [ ] Plane [ ] Car [ ] Cruise ship [ ] Other: |            | Others in group ill? | [ ] Y [ ] N [ ] U *If yes, list above.* |
| List other details including:* Flight number / other identifiers
* Accommodations & dates
* Sources of food / water while traveling
* Other relevant details
 |            |
| Travel Location: |            | From:  |            | To:  |            |  |
| Mode of Travel:  | [ ] Plane [ ] Car [ ] Cruise ship [ ] Other: |            | Others in group ill? | [ ] Y [ ] N [ ] U *If yes, list above.* |
| List other details including:* Flight number / other identifiers
* Accommodations & dates
* Sources of food / water while traveling
* Other relevant details
 |            |

**![MCj04112440000[1]]() Skip to *FOLLOW-UP ACTIONS* on pg 3 if patient was outside the country for entire exposure period.**

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| **FOOD HISTORY (5-45 days before onset)****(Enter restaurant and grocery store data in the Epidemiological tab in UT-NEDSS)** |
| **High-risk foods consumed** (during exposure period) *If case ate any high-risk foods, have case identify where each was obtained - fill in location name(s) and address(es) under “Grocery stores” below.*   |  |
| **SUSPECT FOOD:** |  |  | **DATE CONSUMED:** |
| [ ] Pork (specify type below): | [ ] Non Pork (specify type below): | [ ] Unknown |  |
|  [ ] Store bought pork |  [ ] Bear meat |  |  |  |  |
|  [ ] Pork from farm-raised pig |  [ ] Hamburger (ground meat) |  |  |
|  [ ] Wild boar |  [ ] Other (specify): |       |  |  | \_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_ |
|  [ ] Other (specify): |       |  |  [ ] Not specified |  | Mo Day Yr |
|  [ ] Not specified |  |  |  |  |
|  |  |  |  |  |
| **MEAT OBTAINED FROM:** | **PREPARATION AFTER PURCHASE****FURTHER PROCESSING:** |  **METHOD OF COOKING:** |
| [ ] Supermarket/grocery store |  | **[ ]** Uncooked |
| [ ] Butcher shop | [ ] No further processing | **[ ]** Fried |
| [ ] Restaurant or other public eating establishment | [ ] Ground (i.e., hamburger) |  [ ] Open-fire roasting/BBQ |
| [ ] Direct from farm | [ ] Smoked | [ ] Other cooking method (specify): |
| [ ] Hunted or trapped | [ ] Dried jerky |  |       |  |
| [ ] Other (specify): |       |  | [ ] Marinated | [ ] Unknown |
| [ ] Unknown | [ ] Other (specify): |       |  |  |
|  | [ ] Unknown |  |
| **Grocery stores, farmers’ markets, roadside stands, farms/ranches, restaurants where high-risk foods obtained/eaten** |
|  Name/address: |            | Approx date of last trip:  |            |  |
|  Name/address: |            | Approx date of last trip:  |            |  |
|  Name/address: |            | Approx date of last trip:  |            |  |
|  Name/address: |            | Approx date of last trip:  |            |  |
|  Name/address: |            | Approx date of last trip:  |            |  |
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| **FOLLOW-UP ACTIONS** |
| **Date** | **Action** |
|  |            |  |  [ ] Provide client education (see disease plan). |
|  |            |  |  [ ] Notify Epidemiology of any high-risk exposures likely to cause additional illness. |
|  |            |  |  [ ] Notify Environmental Health if facility/restaurant inspection is warranted. |
|  |            |  |  [ ] Notify UDAF if trace-back/food supplier (store, dairy, etc) investigation or animal/herd investigation is warranted. |
|  |            |  |  [ ] Notify Division of Wildlife Resources (DWR) if wildlife investigation is warranted. |
|  |            |  |  [ ] Notify UDOH if suspect exposure occurred outside health district or if potential cluster/outbreak situation exists. |
|  |            |  |  [ ] Complete CDC outbreak form, if appropriate. |
|  |            |  |  [ ] Other follow-up:             |
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| **ADMINISTRATIVE** |
| LHD status: [ ] Confirmed [ ] Probable [ ] Suspect [ ] Not a case [ ] Pending |
| UDOH status: [ ] Confirmed [ ] Probable [ ] Suspect [ ] Not a case [ ] Pending |
| Did this case occur as part of an outbreak? [ ] Y [ ] N [ ] U (2 or more cases of Trichinellosis associated by time & place) | Outbreak name:            |
| LHD interview date: |            |  Interviewed: [ ] Client [ ] Parent/Guardian [ ] Sig. oth. [ ] HC provider [ ] Friend [ ] Other:       |
| [ ] Unable to contact/interview | LHD Reviewer:  |            | LHD closed date:  |            | Date submitted to UDOH:  |            |