****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 LabOther: | |
| 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: | |  |