State of California—Health and Human Services Agency

Local ID Number: ___________________

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

CYSTICERCOSIS / TAENIASIS CASE REPORT

Check one: ☐ Cysticercosis
☐ Taeniasis

PATIENT INFORMATION

Last Name	First Name	Middle Name	Suffix
Social Security Number (9 digits)	DOB (mm/dd/yyyy)	Age	☐ Years ☐ Months ☐ Days
Address Number & Street – Residence		Apartment / Unit Number	
City / Town		State	Zip Code
Census Tract	County of Residence	Country of Residence	
Country of Birth	If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)		
Home Telephone	Cellular Phone / Pager	Work / School Telephone	
E-mail Address	Other Electronic Contact Information		
Work / School Location	Work / School Contact		

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	If Yes, Est. Delivery Date (mm/dd/yyyy)
Medical Record Number	Patient's Parent/Guardian Name
Occupation Setting (see list on page 7)	Other Describe/Specify
Occupation (see list on page 7)	Other Describe/Specify

Primary Language
☐ English
☐ Spanish
☐ Other: ___________________

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 6)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian (check all that apply, see list on page 6)
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: ___________________

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander (check all that apply, see list on page 6)
- ☐ Native Hawaiian
- ☐ Fijian
- ☐ Guamanian
- ☐ Samoan
- ☐ Tongan
- ☐ Other: ___________________

☐ White

☐ Other: ___________________

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

First three letters of patient's last name: | | | |

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	**Yes**	**No**	**Unk**	**Signs and Symptoms**	**Yes**	**No**	**Unk**
Headache				Subcutaneous lesion			
Seizures				Bone lesion			
Hydrocephalus				Eye lesion			
Meningitis				Stroke			
Dementia				Gastrointestinal symptoms (e.g., nausea, abdominal pain, diarrhea)			
Cranial nerve palsy				*Other signs / symptoms (specify)*			

HOSPITALIZATION

Did patient visit the emergency room for illness?
☐ Yes ☐ No ☐ Unknown

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown	*If Yes, how many total hospital nights?*	*During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?* ☐ Yes ☐ No ☐ Unknown

If there were any ER or hospital stays related to this illness, specify details in the Hospitalization – Details section below.

HOSPITALIZATION – DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*
Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

TREATMENT / MANAGEMENT

Received treatment? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify the treatments below.*

TREATMENT / MANAGEMENT - DETAILS

Treatment Type 1 ☐ Antiparasitic ☐ Steroid ☐ Anticonvulsant ☐ Other:________	*Treatment Name*	*Treatment Dose*	*Date Started (mm/dd/yyyy)*	*Date Ended (mm/dd/yyyy)*
Treatment Type 2 ☐ Antiparasitic ☐ Steroid ☐ Anticonvulsant ☐ Other:________	*Treatment Name*	*Treatment Dose*	*Date Started (mm/dd/yyyy)*	*Date Ended (mm/dd/yyyy)*
Treatment Type 3 ☐ Antiparasitic ☐ Steroid ☐ Anticonvulsant ☐ Other:________	*Treatment Name*	*Treatment Dose*	*Date Started (mm/dd/yyyy)*	*Date Ended (mm/dd/yyyy)*

First three letters of patient's last name: | | | |

SURGERY

Surgery? ☐ Yes ☐ No ☐ Unknown	*Surgery Date (mm/dd/yyyy)*

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	*If Survived,* *Survived as of* ________________________________ *(mm/dd/yyyy)*	*Date of Death (mm/dd/yyyy)*

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1	*Type of Test*		
☐ Serum ☐ Stool ☐ Tissue biopsy:____________ ☐ Other:________________	☐ Immunoblot ☐ ELISA ☐ Ova and parasite exam ☐ Microscopic examination ☐ Other:________________		
	Collection Date (mm/dd/yyyy)	*Results*	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name		*Telephone Number*

Specimen Type 2	*Type of Test*		
☐ Serum ☐ Stool ☐ Tissue biopsy:____________ ☐ Other:________________	☐ Immunoblot ☐ ELISA ☐ Ova and parasite exam ☐ Microscopic examination ☐ Other:________________		
	Collection Date (mm/dd/yyyy)	*Results*	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name		*Telephone Number*

IMAGING SUMMARY

Anatomic Site 1	*Type of Imaging* ☐ X-ray ☐ CT ☐ MRI ☐ Other:________________	*Date (mm/dd/yyyy)*
	Result	*Interpretation*
	Facility Name	*Telephone Number*

Anatomic Site 2	*Type of Imaging* ☐ X-ray ☐ CT ☐ MRI ☐ Other:________________	*Date (mm/dd/yyyy)*
	Result	*Interpretation*
	Facility Name	*Telephone Number*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD IS HIGHLY VARIABLE AND CAN RANGE FROM A FEW WEEKS TO 10 YEARS

FOOD HISTORY

Any raw or undercooked game meat eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unknown	*Type of Game*	*Describe Where Acquired / Purchased*	*Year Eaten*
Any raw or undercooked pork eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unknown	*Type of Pork*	*Describe Where Acquired / Purchased*	*Year Eaten*
Any raw or undercooked beef eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unknown	*Type of Beef*	*Describe Where Acquired / Purchased*	*Year Eaten*

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD IS HIGHLY VARIABLE AND CAN RANGE FROM A FEW WEEKS TO 10 YEARS

TRAVEL HISTORY

*Did patient travel **out of country** during the **last 10 years**?* ☐ Yes ☐ No ☐ Unknown	*If Yes, specify countries and years in the Travel History - Details table.*

TRAVEL HISTORY - DETAILS

Countries	Year Traveled	Ate raw or undercooked meat while traveling?	Describe Types of Meats Eaten and Other Relevant Information
		☐ Yes ☐ No ☐ Unknown	
		☐ Yes ☐ No ☐ Unknown	
		☐ Yes ☐ No ☐ Unknown	
		☐ Yes ☐ No ☐ Unknown	

CONTACTS/OTHER ILL PERSONS

Any contacts with known case of tapeworm or cysticercosis? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify details below.*

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	
Name 2	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	
	Street Address			*Date of Contact (mm/dd/yyyy)*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	

NOTES/REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By
☐ Clinician ☐ Laboratory ☐ Other (specify):______________________

First three letters of patient's last name: | | | |

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unknown	*Contact Name/Case Number*

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)
☐ Confirmed ☐ Probable ☐ Suspected

Disease Classification
☐ Cysticercosis ☐ Neurocysticercosis ☐ Ocular or periocular cysticercosis ☐ Other cysticercosis:________________________ ☐ Taeniasis

STATE USE ONLY

State Case Classification
☐ Confirmed ☐ Probable ☐ Suspected ☐ Not a case ☐ Need additional information

CASE DEFINITION

CYSTICERCOSIS (CDPH, working definition 2011)

CLINICAL DESCRIPTION

Cysticercosis is a tissue infection with the larval stage of the pork tapeworm, *Taenia solium*. When tapeworm eggs or proglottids are swallowed, the hatching eggs release larvae which can migrate from the intestine into tissues (including muscle, organs, or central nervous system (CNS) where they form cysts or cysticerci). Cysticerci in the CNS can manifest clinically as headache, epileptiform seizures, signs of intracranial hypertension, or psychiatric disturbances.

LABORATORY / IMAGING CRITERIA FOR DIAGNOSIS

Confirmed:

- *T. solium* identified in excised cysticerci from tissues by microscopic examination; OR
- Identification of cysticerci by CT scan, MRI, or X-ray AND positive result on CDC immunoblot assay.

Supportive:

- Identification of calcified cystic lesions in tissue by CT scan, MRI, or X-ray; OR
- Positive result on CDC immunoblot assay.

CASE CLASSIFICATION

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case that has supportive laboratory evidence.

Suspected: A clinically compatible case without laboratory evidence that is epidemiologically associated with a Probable or Confirmed case.

TAENIASIS (CDPH, working definition 2011)

CLINICAL DESCRIPTION

A parasitic disease characterized by an intestinal infection with the adult stage of large tapeworms (*Taenia solium* and *Taenia saginata)*. Clinical manifestations are variable and may include nervousness, insomnia, anorexia, weight loss, abdominal pain, and digestive disturbances. Many cases are asymptomatic.

LABORATORY CRITERIA FOR DIAGNOSIS

Confirmed: Identification of *Taenia* scolex, proglottids, or eggs in feces.

CASE CLASSIFICATION

Confirmed: A case that meets the laboratory criteria for diagnosis.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown