State of California—Health and Human Services Agency

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

Local ID Number: _____

TRICHINOSIS
CASE REPORT

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
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ 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

CLINICAL INFORMATION

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

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

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	If Yes, Specify as Noted	
Fever				*Highest temperature (specify °F/°C)*	
Myalgia					
Eosinophilia (EM)				*Absolute number (#)*	*Percentage (%)*
Periorbital edema					

Other signs / symptoms (specify)

HOSPITALIZATION

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

Was the 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 visits 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*

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 ☐ Serum (acute) ☐ Serum (convalescent) ☐ Muscle ☐ Other:_____ If Serum (acute) is submitted, then Serum (convalescent) must also be submitted.	*Type of Test* ☐ *Trichinella* sp. serology ☐ Muscle biopsy ☐ Other: _____	*Collection Date (mm/dd/yyyy)*
	Result	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name	*Telephone Number*
Specimen Type 2 ☐ Serum (acute) ☐ Serum (convalescent) ☐ Muscle ☐ Other:_____ If Serum (acute) is submitted, then Serum (convalescent) must also be submitted.	*Type of Test* ☐ *Trichinella* sp. serology ☐ Muscle biopsy ☐ Other: _____	*Collection Date (mm/dd/yyyy)*
	Result	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name	*Telephone Number*

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

EPIDEMIOLOGIC INFORMATION

FOOD HISTORY (six weeks preceding onset of illness)

Did patient eat pork?
☐ Yes ☐ No ☐ Unknown

If Yes, specify type of pork below.

Type of Pork	Yes	No	Unk	If Yes, Specify as Noted
Commercial source (e.g., store, restaurant)				*Date Consumed (mm/dd/yyyy)*
Farm-raised pig				*Date Consumed (mm/dd/yyyy)*
Wild pig				*Date Consumed (mm/dd/yyyy)*
Other pork				*Date Consumed (mm/dd/yyyy)*

Did patient eat other meat (non-pork)?
☐ Yes ☐ No ☐ Unknown

If Yes, specify type of meat below.

Type of Meat	Yes	No	Unk	If Yes, Specify as Noted	
Bear meat				*Date Consumed (mm/dd/yyyy)*	
Hamburger (ground meat)				*Date Consumed (mm/dd/yyyy)*	
Other meat				*Type of Meat*	*Date Consumed (mm/dd/yyyy)*
Unspecified meat				*Date Consumed (mm/dd/yyyy)*	

If patient reported eating any of the above meats, specify details below.

FOOD HISTORY - DETAILS

Type of Meat 1
☐ Commercial source
☐ Pork from farm-raised pig
☐ Wild pig
☐ Other pork:_____
☐ Bear meat
☐ Hamburger (ground meat)
☐ Other meat:_____
☐ Unspecified meat

Was the meat tested?
☐ Yes ☐ No ☐ Unknown

If tested, was evidence of larvae found?
☐ Larvae identified ☐ Larvae not identified ☐ Unknown

Where was the suspected meat obtained?
☐ Direct from farm ☐ Hunted or trapped ☐ Restaurant or other public eating establishment ☐ Unknown
☐ Butcher shop ☐ Supermarket / grocery store ☐ Other:_____

How was the meat further processed?
☐ No further processing ☐ Ground (i.e., hamburger) ☐ Smoked ☐ Other:_____
☐ Dried (jerky) ☐ Marinated ☐ Unknown

How was the meat prepared for consumption?
☐ Uncooked ☐ Fried ☐ Other cooking method:_____
☐ Barbeque ☐ Open-fire roasting ☐ Unknown

What was the final disposition of the suspected meat?
☐ Consumed ☐ Still in patient's possession ☐ Disposed of with household waste ☐ Unknown
☐ Given away or sold ☐ Cooked or otherwise processed ☐ Other:_____

Type of Meat 2
☐ Commercial source
☐ Pork from farm-raised pig
☐ Wild pig
☐ Other pork:_____
☐ Bear meat
☐ Hamburger (ground meat)
☐ Other meat:_____
☐ Unspecified meat

Was the meat tested?
☐ Yes ☐ No ☐ Unknown

If tested, was evidence of larvae found?
☐ Larvae identified ☐ Larvae not identified ☐ Unknown

Where was the suspected meat obtained?
☐ Direct from farm ☐ Hunted or trapped ☐ Restaurant or other public eating establishment ☐ Unknown
☐ Butcher shop ☐ Supermarket / grocery store ☐ Other:_____

How was the meat further processed?
☐ No further processing ☐ Ground (i.e., hamburger) ☐ Smoked ☐ Other:_____
☐ Dried (jerky) ☐ Marinated ☐ Unknown

How was the meat prepared for consumption?
☐ Uncooked ☐ Fried ☐ Other cooking method:_____
☐ Barbeque ☐ Open-fire roasting ☐ Unknown

What was the final disposition of the suspected meat?
☐ Consumed ☐ Still in patient's possession ☐ Disposed of with household waste ☐ Unknown
☐ Given away or sold ☐ Cooked or otherwise processed ☐ Other:_____

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

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness (including household contacts)? ☐ Yes ☐ No ☐ Unknown	If Yes, specify details below.

ILL CONTACTS - DETAILS

Name 1	Age	Gender	Telephone Number	Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)
	Street Address			Exposure Event	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	Date of Contact (mm/dd/yyyy)
	Street Address			Exposure Event	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):_____

EPIDEMIOLOGICAL LINKAGE

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

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 5)
☐ Confirmed ☐ Probable ☐ Suspected

STATE USE ONLY

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

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

CASE DEFINITION

TRICHINOSIS (2014)

CLINICAL DESCRIPTION

A disease caused by ingestion of *Trichinella* larvae, usually through consumption of *Trichinella*-containing meat—or food contaminated with such meat—that has been inadequately cooked prior to consumption. The disease has variable clinical manifestations. Common signs and symptoms among symptomatic persons include eosinophilia, fever, myalgia, and periorbital edema.

LABORATORY CRITERIA FOR DIAGNOSIS

Human Specimens:

- Demonstration of *Trichinella* larvae in tissue obtained by biopsy, OR
- Positive serologic test for *Trichinella*

Food Specimens:

- Demonstration of *Trichinella* larvae in the food item (probable)

EPIDEMIOLOGIC LINKAGE

Persons who shared the implicated meat/meal should be investigated and considered for case status as described above.

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE

Serial or subsequent cases of trichinellosis experienced by one individual should only be counted if there is an additional epidemiologically compatible exposure. Because the duration of antibodies to *Trichinella* spp. is not known, mere presence of antibodies without a clinically-compatible illness AND an epidemiologically compatible exposure may not indicate a new infection especially among persons with frequent consumption of wild game that is known to harbor the parasite.

CASE CLASSIFICATION

Suspected: Instances where there is no clinically compatible illness should be reported as suspect if the person shared an epidemiologically implicated meal, or ate an epidemiologically implicated meat product, and has a positive serologic test for trichinellosis (and no known prior history of *Trichinella* infection).

Probable:

- A clinically compatible illness in a person who shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product, OR
- A clinically compatible illness in a person who consumed a meat product in which the parasite was demonstrated.

Confirmed: A clinically compatible illness that is laboratory confirmed in the patient.

COMMENTS

Epidemiologically implicated meals or meat products are defined as a meal or meat product that was consumed by a person who subsequently developed a clinically compatible illness that was laboratory confirmed.

Negative serologic results may not accurately reflect disease status if blood was drawn less than 3-4 weeks from symptom onset (Wilson et. al, 2006).

REFERENCE

Wilson M, Schantz P, Nutman T, 2006. Molecular and immunological approaches to the diagnosis of parasitic infection. Detrick B, Hamilton RG, Folds JD, eds. Manual of Molecular and Clinical Laboratory Immunology. Washington, DC: American Society for Microbiology, 557-568.

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