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 _____

(*Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)*

Report Status (check one)

☐ Preliminary ☐ Final

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
☐ Male ☐ Female ☐ Other: _____

Pregnant? ☐ Yes ☐ No ☐ Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent / Guardian Name*

Occupation Setting (see list on page 6)	*Other (Describe / Specify)*

Occupation (see list on page 6)	*Other (Describe / Specify)*

Primary Language
☐ English
☐ Spanish
☐ Other:_____

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

*Race**
(check all that apply, race descriptions on page 6)
☐ African-American / Black
☐ American Indian or Alaska Native
☐ Asian *(check all that apply)*
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other:_____

☐ Pacific Islander *(check all that apply)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Guamanian
- ☐ Other:_____

☐ White
☐ Other:_____
☐ Unk

*Comment: self-identity or self-reporting
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.

CLINICAL INFORMATION

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

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

SIGNS AND SYMPTOMS

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

SIGNS AND SYMPTOMS

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 emergency room for illness? ☐ Yes ☐ No ☐ Unk	Was patient hospitalized? ☐ Yes ☐ No ☐ Unk	If Yes, how many total hospital nights?

If there were any ER or hospital stays related to this illness, specify details 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 ☐ Unk	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)

SURGERY

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

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

OUTCOME

Outcome?	If Survived,	Date of Death (mm/dd/yyyy)
☐ Survived ☐ Died ☐ Unk	Survived as of _____(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 <u>game meat</u> eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unk	Type of Game	Describe Where Acquired / Purchased	Year Eaten
Any raw or undercooked <u>pork</u> eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unk	Type of Pork	Describe Where Acquired / Purchased	Year Eaten
Any raw or undercooked <u>beef</u> eaten while in the U.S. in the past 10 years? ☐ Yes ☐ No ☐ Unk	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 ☐ Unk	*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 ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	

CONTACTS/OTHER ILL PERSONS

Any contacts with known case of tapeworm or cysticercosis? ☐ Yes ☐ No ☐ Unk	*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 ☐ Unk	*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.

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.

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

- Adult film actor / actress
- 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 - server
- 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 - nurse
- Medical - other / unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent / guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other / unknown
- Teacher / employee - preschool or kindergarten
- Teacher / employee - elementary or middle school
- Teacher / employee - high school
- Teacher / instructor / employee - college or university
- Teacher / instructor / employee - other / unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other / unknown
- Volunteer
- Other
- Refused
- Unknown