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

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 ☐ 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 ☐ Japanese
- ☐ Cambodian ☐ Korean
- ☐ Chinese ☐ Laotian
- ☐ Filipino ☐ Thai
- ☐ Hmong ☐ 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	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 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*

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unk	*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 ☐ Unk

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 ☐ Unk

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 ☐ Unk

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

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

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

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

What was the final disposition of the suspected meat?
☐ Consumed ☐ Still in patient's possession ☐ Disposed of with household waste ☐ Unk
☐ 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 ☐ Unk

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

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

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

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

What was the final disposition of the suspected meat?
☐ Consumed ☐ Still in patient's possession ☐ Disposed of with household waste ☐ Unk
☐ 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 ☐ Unk	*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 ☐ Unk	*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.

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