



Trichinosis

County _____

Case name (last, first) _____
 Birth date ___/___/___ Age at symptom onset _____ Years Months
 Alternate name _____
 Phone _____ Email _____
 Address type Home Mailing Other Temporary Work
 Street address _____
 City/State/Zip/County _____
 Residence type (incl. Homeless) _____ WA resident Yes No

ADMINISTRATIVE

Investigator _____ LHJ Case ID (optional) _____

LHJ notification date ___/___/___

Classification

Classification pending Confirmed Investigation in progress Not reportable Probable Ruled out Suspect

Investigation status

Complete Complete – not reportable to DOH Unable to complete Reason _____ In progress

Dates: **Investigation start** ___/___/___ **Investigation complete** ___/___/___ **Record complete** ___/___/___ **Case complete** ___/___/___

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: Female Male Other Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity Hispanic, Latino/a, Latinx Non-Hispanic, Latino/a, Latinx Patient declined to respond Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race Amer Ind/AK Native (**specify:** Amer Ind **and/or** AK Native) Asian Black or African American
 Native HI/Pacific Islander (**specify:** Native HI **and/or** Pacific Islander) White Patient declined to respond Unk

Additional race information:

- Afghan Afro-Caribbean Arab Asian Indian Bamar/Burman/Burmese Bangladeshi Bhutanese
- Central American Cham Chicano/a or Chicanx Chinese Congolese Cuban Dominican Egyptian
- Eritrean Ethiopian Fijian Filipino First Nations Guamanian or Chamorro Hmong/Mong
- Indigenous-Latino/a or Indigenous-Latinx Indonesian Iranian Iraqi Japanese Jordanian Karen
- Kenyan Khmer/Cambodian Korean Kuwaiti Lao Lebanese Malaysian Marshallese Mestizo
- Mexican/Mexican American Middle Eastern Mien Moroccan Nepalese North African Oromo
- Pakistani Puerto Rican Romanian/Rumanian Russian Samoan Saudi Arabian Somali
- South African South American Syrian Taiwanese Thai Tongan Ugandan Ukrainian
- Vietnamese Yemeni Other: _____

What is your (your child's) preferred language? Check one:

- Amharic Arabic Balochi/Baluchi Burmese Cantonese Chinese (unspecified) Chamorro Chuukese
- Dari English Farsi/Persian Fijian Filipino/Pilipino French German Hindi Hmong Japanese
- Karen Khmer/Cambodian Kinyarwanda Korean Kosraean Lao Mandarin Marshallese Mixteco
- Nepali Oromo Panjabi/Punjabi Pashto Portuguese Romanian/Rumanian Russian Samoan
- Sign languages Somali Spanish/Castilian Swahili/Kiswahili Tagalog Tamil Telugu Thai Tigrinya
- Ukrainian Urdu Vietnamese Other language: _____ Patient declined to respond Unknown

Interpreter needed Yes No Unk

EMPLOYMENT AND SCHOOL

Employed Yes No Unk Occupation _____ Industry _____
Employer _____ Work site _____ City _____

Student/Day care Yes No Unk
Type of school Preschool/day care K-12 College Graduate School Vocational Online Other
School name _____ School address _____
City/State/County _____ Zip _____ Phone number _____ Teacher's name _____

COMMUNICATIONS

Primary HCP name _____ Phone _____
OK to talk to patient (If Later, provide date) Yes Later ___/___/___ Never
Date of interview attempt ___/___/___ Complete Partial Unable to reach Patient could not be interviewed
Alternate contact: Parent/Guardian Spouse/Partner Friend Other _____
Name _____ Phone _____

Outbreak related Yes No LHJ Cluster ID _____ Cluster Name _____

CLINICAL INFORMATION

Complainant ill Yes No Unk Symptom Onset ___/___/___ Derived Diagnosis date ___/___/___
Illness duration _____ Days Weeks Months Years Illness is still ongoing Yes No Unk

Clinical Features

Signs and symptoms

Y N Unk

- Asymptomatic (no clinical illness)**
- Any fever, subjective or measured** Temp measured? Yes No Highest measured temp _____°F
- Myalgia (muscle aches or pain)**
- Periorbital edema (swollen eyelids)**
- Photophobia (eyes sensitive to light)
- Sweats
- Chills or rigors
- Thirst
- Malaise
- Weakness
- Fatigue
- Abdominal pain or cramps
- Nausea
- Vomiting
- Diarrhea (3 or more loose stools within a 24 hour period) Onset date ___/___/___

Complications

- Ocular hemorrhages (subconjunctival, subungual, retinal)
 - Remittent fever
 - Cardiac involvement/complications
 - Neurological complications _____
 - Other symptoms consistent with this illness _____
- Outcome of illness Recovered Died Unk Other _____

Clinical Testing

Y N Unk

Eosinophilia Absolute number or percentage _____

Hospitalization

Y N Unk

- Hospitalized at least overnight for this illness Facility name _____
Hospital admission date ___/___/___ Discharge ___/___/___ HRN _____
- Admitted to ICU Date admitted to ICU ___/___/___ Date discharged from ICU ___/___/___
- Mechanical ventilation or intubation required
- Still hospitalized As of ___/___/___

Y N Unk

- Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*
- Autopsy performed
- Death certificate lists disease as a cause of death or a significant contributing condition

RISK AND RESPONSE (Ask about exposures 5-45 days before symptom onset)

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	____/____/____ to ____/____/____	____/____/____ to ____/____/____	____/____/____ to ____/____/____

Risk and Exposure Information

Y N Unk

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country _____
 Does the case know anyone else with similar symptoms or illness Ill contact's onset date ____/____/____
 Describe food/meals shared with ill contact _____
 (Potential) occupational exposure

Food Exposure - Food exposure timeframe: 5-45 days prior to onset of illness.

Meat

Y M N Unk

- Pork (pig, roast, chops, bacon, ham, other)

		If prepared/cooked in the home:			
Y M N Unk	Where was the meat prepared/cooked	Where was the raw meat obtained	Preparation of the raw meat after obtaining	Method of cooking	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bacon Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pork chops Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ground Pork Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ham Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pork Roast Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wild boar, any cut Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other pork Date consumed ____/____/____	<input type="checkbox"/> In the home <input type="checkbox"/> Outside of the home <input type="checkbox"/> Unk	<input type="checkbox"/> Butcher shop <input type="checkbox"/> Farm <input type="checkbox"/> Grocery <input type="checkbox"/> Hunting/trapped <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Dried (jerky) <input type="checkbox"/> Ground <input type="checkbox"/> Marinated <input type="checkbox"/> No further processing <input type="checkbox"/> Smoked <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	<input type="checkbox"/> Fried <input type="checkbox"/> Open-fire roasted <input type="checkbox"/> Uncooked (eaten raw) <input type="checkbox"/> Unk <input type="checkbox"/> Other _____	

Y M N Unk

- Other meat (e.g., buffalo, wild game, goat)
- Buffalo/bison Date ___/___/___
- Venison, elk, boar, arctic mammal, or other wild game Date ___/___/___
- Venison Elk Bear Boar Arctic mammal Other wild game _____
- Other meat (e.g., goat, lamb) _____ Date ___/___/___

Other processed meat products

Y M N Unk

- Other processed meat products (e.g., jerky, deli meats, sausage)
- Dried meat strips or jerky
- Any fresh sausage Chicken Turkey Pork Beef Other _____
- Any other meat products _____

Miscellaneous meat exposure

Y M N Unk

- Were any of the previously indicated meats/poultry consumed rare, undercooked, or raw
- Goat Lamb Beef Pork Poultry Wild game meat Other _____
- Handled any raw meat, even if you did not eat it
- Goat Lamb Beef Pork Poultry Wild game meat Other _____
- Consumed a meat product in which Trichinella was identified Describe _____

Ask about detailed food exposures only if there has been no identified risk exposure in the 5-45 days prior to onset of illness.

Sources of food IN home - During exposure timeframe did you (your child) eat foods from:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> (1) Grocery stores or supermarkets <input type="checkbox"/> (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc) <input type="checkbox"/> (3) Fish or meat specialty shops (butcher shop, etc) <input type="checkbox"/> (4) Warehouse stores (Costco, Sam's Club, etc.) <input type="checkbox"/> (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc) <input type="checkbox"/> (6) Live animal market, custom slaughter facility | <ul style="list-style-type: none"> <input type="checkbox"/> (7) Small markets/mini markets (convenience stores, gas stations, etc) <input type="checkbox"/> (8) Health food stores or co-ops <input type="checkbox"/> (9) Ethnic specialty markets (Mexican, Asian, Indian) <input type="checkbox"/> (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm <input type="checkbox"/> (11) Other _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of Business (enter number next to choices above)	Business name	Address/location

Sources of food outside home - During exposure timeframe did you (your child) eat foods from:

- | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (1) Fast casual (Chipolte, Panera, etc) | <input type="checkbox"/> (10) Chinese, Japanese, Vietnamese, other Asian-style |
| <input type="checkbox"/> (2) Fast food (McDonald's, Burger King, Wendy's) | <input type="checkbox"/> (11) All-you-can-eat buffet |
| <input type="checkbox"/> (3) Sandwich shop, deli | <input type="checkbox"/> (12) Breakfast, brunch, diner, or café |
| <input type="checkbox"/> (4) Jamaican, Cuban, or Caribbean | <input type="checkbox"/> (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African |
| <input type="checkbox"/> (5) Ready-to-eat prepared food from grocery or deli | <input type="checkbox"/> (14) Any takeout from a restaurant |
| <input type="checkbox"/> (6) An event where food was served (catered event, festival, church, or community meal) | <input type="checkbox"/> (15) Healthy restaurant (vegetarian, vegan, salad-based) |
| <input type="checkbox"/> (7) Mexican, Salvadorian, other Hispanic/Latino-style | <input type="checkbox"/> (16) Salad bar at a grocery store or restaurant |
| <input type="checkbox"/> (8) Food trucks, food stalls/stands | <input type="checkbox"/> (17) Other _____ |
| <input type="checkbox"/> (9) School, hospital, senior center, or other institutional setting | |

Type of Business (enter number next to choices above)	Restaurant/venue name	Date	Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)	Food ordered/eaten	Address/location
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		

Y M N Unk
 Any food sampled (grocery, warehouse stores, food court, etc.) _____

Animal Exposure

- Y N Unk**
 Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)
 Hunting/butchering _____
 Other work with animals or animal products _____

Exposure and Transmission Summary

- Y N Unk**
 Epidemiologic link to a confirmed human case
 Shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product
 Describe _____
 Consumption of an epidemiologically implicated meat product or meal

Likely geographic region of exposure In Washington – county _____ Other state _____
 Not in US - country _____ Unk

International travel related During entire exposure period During part of exposure period No international travel

Suspected exposure type Foodborne Animal related Unk Other _____
 Describe _____

Suspected exposure setting Day care/Childcare School (not college) Home Work College Military
 Correctional facility Place of worship Laboratory Long term care facility Homeless/shelter
 International travel Out of state travel Social event Large public gathering Restaurant Other _____
 Describe _____

Exposure summary _____

Public Health Interventions/Actions**Y N Unk**

- Patient education provided
 Restaurant inspection Name/location _____
 Commercial product implicated
 Initiate trace-back investigation
 Letter sent Date ___/___/___ Batch date ___/___/___
 Any other public health action

TREATMENT**Y N Unk**

- Did patient receive prophylaxis/treatment
Specify medication _____ Antiviral Other

NOTES**LAB RESULTS**Lab report information**Lab report reviewed – LHJ**

WDRS user-entered lab report note _____

Submitter _____

Performing lab for entire report _____

Referring lab _____

Specimen**Specimen identifier/accession number** _____**Specimen collection date** ___/___/___ **Specimen received date** ___/___/___**WDRS specimen type** _____

WDRS specimen source site _____

WDRS specimen reject reason _____

Test performed and result**WDRS test performed** _____**WDRS test result, coded** _____

WDRS test result, comparator _____

WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**) _____

WDRS unit of measure _____

Test method _____

WDRS interpretation code _____

Test result – Other, specify _____

WDRS result summary Positive Negative Indeterminate Equivocal Test not performed PendingTest result status Final result; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date ___/___/___

Upload documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____