



Trichinosis

County _____

Case name (last, first) _____
 Birth date ___/___/___ Sex at birth F M Other 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
 Not reportable Probable Ruled out Suspect
 Investigation status
 In progress
 Complete
 Complete – not reportable to DOH
 Unable to complete Reason _____
Investigation start date ___/___/___
 Investigation complete date ___/___/___
Case complete date ___/___/___
 Outbreak related Yes No
 LHJ Cluster ID _____ Cluster Name _____

DEMOGRAPHICS

Age at symptom onset _____ Years Months
Ethnicity Hispanic or Latino Not Hispanic or Latino Unk
Race (check all that apply) Unk Amer Ind/AK Native
 Asian Black/African Amer Native HI/other PI
 White Other _____
 Primary language _____
 Interpreter needed Yes No Unk
 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 _____

REPORT SOURCE

Initial report source _____
 LHJ _____
 Reporter organization _____
 Reporter name _____
 Reporter phone _____
 All reporting sources (list all that apply)

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 _____

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)

| | 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 _____ |

| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Y M N Unk**
 Other meat (e.g., buffalo, wild game, goat) Date ___/___/___
 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:

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (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 Pending

Test result status Final results; 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 document

Ordering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____