



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 _____ LHM Case ID (optional) _____

LHM 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 _____ LHM _____

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 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 _____