

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

TRICHINOSIS

Confidential Communicable Disease Report—Part 2

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name, First, Middle, Suffix, Maiden/Other, Alias, Birthdate (mm/dd/yyyy), SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Table with 8 columns: Specimen Date, Specimen #, Specimen Source, Type of Test, Test Result(s), Description (comments), Result Date, Lab Name—City/State

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE. Is/was patient symptomatic for this disease? During the 45 days prior to onset of symptoms, did the patient eat any raw or undercooked meat or poultry? Fatigue or malaise or weakness, Sweats, Chills or rigors, Thirst, Eyes sensitive to light, Muscle weakness, Muscle aches/pains, Swollen eyelids, Hemorrhage-subungual and retinal, Cough, Abdominal pain or cramps, Diarrhea, Eosinophilia, Did the patient have any of the following complications?

REASON FOR TESTING Why was the patient tested for this condition? Symptomatic of disease, Screening of asymptomatic person with reported risk factor(s), Exposed to organism causing this disease (asymptomatic), Household / close contact to a person reported with this disease, Other, specify, Unknown

HOSPITALIZATION INFORMATION Was patient hospitalized for this illness >24 hours? Hospital name, City, State, Hospital contact name, Telephone, Admit date, Discharge date

ISOLATION/QUARANTINE/CONTROL MEASURES Did local health director or designee implement additional control measures? If yes, specify:

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ____/____/____

TRAVEL/IMMIGRATION

The patient is:

Resident of North Carolina

Resident of another state or US territory

None of the above

Did patient have a travel history during the 45 days prior to onset of symptoms? Y N U

Travel dates: From: _____ until _____

To city: _____

To country: _____

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U

Name: _____

Additional travel/residency information:

BEHAVIORAL RISK & CONGREGATE LIVING

During the 45 days prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? Y N U

Name of facility: _____

Dates of contact: _____

During the 45 days prior to onset of symptoms, did the patient attend social gatherings or crowded settings? Y N U

If yes, specify: _____

In what setting was the patient most likely exposed?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility /Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prison/Jail/Detention Center	

FOOD RISK AND EXPOSURE

Where does the patient/patient's family typically buy groceries?

Store name: _____

Store city: _____

Shopping center name/address: _____

CONTINUED

FOOD RISK AND EXPOSURE (continued)

During the 45 days prior to onset of symptoms, did the patient:

Eat any food items that came from a produce stand, flea market, or farmer's market? Y N U

Specify source: _____

Eat any food items that came from a store or vendor where they do not typically shop for groceries? Y N U

Specify source(s): _____

Handle raw meat other than poultry? .. Y N U

Specify type of meat:

Beef (hamburger/steak, etc)

Pork (ham, bacon, pork chops, sausage, etc)

Lamb/mutton

Wild game, specify: _____

Other, specify: _____

Unknown

Eat ground beef/hamburger? Y N U

Eat other beef/beef products? Y N U

Roast

Steak

Other (specify): _____

Eat pork/pork products? Y N U

Specify type of pork/pork product:

Sausage

Smoked Unsmoked

Chops

Roast

Ham

Smoked Cured Canned

Other, specify: _____

Bacon

BBQ

Other, specify: _____

Eat wild game meat (deer, bear, wild boar)? Y N U

Specify type of wild game meat:

Deer/venison

Bear

Wild boar/javelina/feral hog

Other, specify: _____

Eat other meat / meat products (i.e. ostrich, emu, horse)? Y N U

Specify other meat/meat product:

Ostrich

Emu

Horse

Other, specify: _____

Eat prepackaged, processed meat/meat products (does not include dried, smoked, or preserved products)? Y N U

Specify type of prepackaged, processed meat/meat product:

Hot dogs

Cold Cuts

Bologna

Turkey

Ham

Other cold cut, specify _____

Any other ready-to-eat meat? Specify: _____

Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meat (i.e. summer sausage, salami, jerky)? Y N U

Specify type of prepared meat:

Summer sausage, specify: _____

Salami

Jerky

Other, specify: _____

OUTDOOR EXPOSURE

During the 45 days prior to onset of symptoms, did the patient participate in any outdoor activities? Y N U

If yes, did the patient participate in hunting, trapping, skinning, eviscerating (gutting) animals? . Y N U

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Date of interview (mm/dd/yyyy): ____/____/____

Were interviews conducted with others? Y N U

Who was interviewed?

Were health care providers consulted? Y N U

Who was consulted?

Medical records reviewed (including telephone review with provider/office staff)? Y N U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City _____

County _____

Outside NC, but within US

City _____

State _____

County _____

Outside US

City _____

Country _____

Unknown

Is the patient part of an outbreak of this disease? Y N

Notes regarding setting of exposure: