

Trichinosis

Alaska

Outbreak **AK STARS** # _____
 Cluster
 Date first received by SOE _____ / _____ / _____

OUTREACH/CONTACT LOG (for contact with and/or outreach to the client)

	Method (phone call, letter, home-visit, clinic visit)	Date (mm/dd/yyyy)	Outcome (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact		____ / ____ / ____	
2nd Outreach/Contact		____ / ____ / ____	
3rd Outreach/Contact		____ / ____ / ____	

CASE IDENTIFICATION

Name: _____
last first MI Phone(s) _____ Home: _____
 Cell: _____
 Address: _____
Street City State Zip

Alternate Contact: Parent/Guardian Spouse/Partner Household Member Other _____
 Name: _____
last first MI Phone(s) _____ Home: _____
 Cell: _____
 Address: _____
Street City State Zip

DEMOGRAPHICS

Sex: Male Female _____
 Hispanic: Yes No Unknown

DOB: ____ / ____ / ____
mm dd yyyy
 Or, if unknown, Age _____
 Race: White
 AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk
 ER Visit? Yes No Unk

If yes, onset date ____ / ____ / ____
mm dd yyyy
 onset time _____ am pm
 Hospitalized? Yes No Unk
 If yes, Hospital name: _____
 Admit date ____ / ____ / ____
mm dd yyyy
 Discharge date ____ / ____ / ____
mm dd yyyy
 -OR- Still inpatient Unknown

Duration of Illness _____ hours days
 -OR- Ongoing
 Outcome: Survived Died (Date: ____ / ____ / ____) Unk

Symptoms:
 Eosinophilia Yes No Unk
 If yes, specify absolute number or percentage
 (#) _____ K/uL or (%) _____
 Fever Yes No Unk
 Periorbital edema Yes No Unk
 Myalgia Yes No Unk

Does the case know others with similar illness? Yes No Unk
 If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms: _____

attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

INTERVIEW

Interview questions are asked for the 60 days prior to interview.

Symptoms often occur within 2 weeks after eating contaminated meat, and can last up to 8 weeks.

All yes answers require additional details.

If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

High Risk Foods						Travel Exposure					
Yes	No	Unk		Yes	No	Unk	Yes	No	Unk		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pork/wild boar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walrus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside Alaska
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within Alaska
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other game (specify: _____)	If yes to any of the above, Include dates and location of travel(s):			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw/undercooked meat of any type				
Date consumed ____ / ____ / ____ mm dd yyyy							<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
* If more than 1 type of game meat was consumed, indicate dates of consumption for each type in details section.											
Are there leftovers available for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
*Contact SOE for details on food specimen testing											
Where did the meat(s) come from and when? _____											
Were the game meat products shared with others? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											

If **yes** to any of the above questions, provide details here:

(e.g. "Bear Yes No Unk," relevant details: black bear, case shot, ate while hunting, cooked over fire, ate with 3 hunting partners)

attach a second sheet if needed

Restaurants/takeout during exposure period?	Social events (parties, weddings, etc.) during exposure period?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

If yes to either restaurants or social events, indicate the following:
name of restaurant/event, when, where, foods eaten, if others in attendance became ill.

attach a second sheet if needed

Where were the groceries eaten during the exposure period bought? If unknown, where does client normally buy groceries?

Store name(s) and location(s): _____

attach a second sheet if needed

SUMMARY		
Intervention(s): <input type="checkbox"/> Hygiene education provided	<input type="checkbox"/> Health education provided	<input type="checkbox"/> Child care restriction
<input type="checkbox"/> Work or school restriction	<input type="checkbox"/> Other: _____	
Completed by _____ Phone _____ Completed Case Report ____ / ____ / ____		