

Trichinellosis Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily always in order, when investigating reports of trichinellosis. For more detailed information refer to the Trichinellosis Disease Chapter. Trichinosis is a Priority Level 4 disease and critical details should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 14 days.

- Review laboratory details to confirm the test result. If the case has not been submitted via CDRSS, create a case.
- Follow up with the laboratory to ensure a specimen has been submitted to the state laboratory (NJ PHEL) for further testing as per the [NJ Administrative Code](#).
- Interview the case-patient (parent/guardian if case-patient is a minor) via phone using the “Trichinosis Surveillance Case Report Form”. Do not fax the form to the physician or mail to the home of the case-patient for completion.
- Provide education to the case-patient; additional information can be found on the NJDOH and CDC disease pages.
- Enter critical details (demographics, signs/symptoms, clinical status, additional laboratory information, and industry/occupation) into the CDRSS case.
- Enter relevant exposures (raw or undercooked pork/game meat) into the *Sources of Infection and Risk Factors* section within the CDRSS case.
- Notify the appropriate local health department and document in CDRSS if a food establishment, restaurant, etc. from another jurisdiction is identified as a possible source of exposure.
- Inform the Foodborne and Waterborne Disease Unit at cds.fwd.epi@doh.nj.gov if an outbreak is suspected.
- Submit the completed “Trichinosis Surveillance Case Report Form” via email to the Foodborne and Waterborne Disease Unit at cds.fwd.epi@doh.nj.gov or fax to 609-826-5972 or 609-292-5811.
- Document dates/times of at least three attempts made to reach the case-patient into the *Sources of Infection and Risk Factors* section within CDRSS if they remain unreachable.
- Determine *Case Status* based on [NNDSS case definitions](#) and mark *Report Status* as “LHD CLOSED” in CDRSS.

TRICHINELLOSIS SURVEILLANCE CASE REPORT

Form Approved OMB
NO. 0920-072

Case ID: _____

PERSONAL DATA

State Reporting: State abbreviation	County: _____	Age: _____	Sex: Male Female	Date of birth: Mo Day Yr
Race/Ethnicity:				
American Indian or Alaska Native		Black or African American		Native Hawaiian or other Pacific Islander
Asian		Hispanic or Latino		White
Classify case based on CDC case definition: Confirmed Probable		Physician's Name: _____		Physician's Phone: _____

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: Mo Day Yr		OUTCOME: Recovered Died Unknown		
SIGNS AND SYMPTOMS:		Fever:	Periorbital edema:	Myalgia:
Eosinophilia: Yes Not Done No Unknown Specify absolute number or percentage: (#) _____ or (%) _____		Yes Unknown No	Yes Unknown No	Yes Unknown No
MUSCLE BIOPSY: Positive Negative Not Done	SEROLOGIC FINDINGS: Positive Negative Not Done Unknown			
	Test type (specify): _____			
	Date of test: _____ Mo Day Yr		Test results: Positive Negative Unequivocal Unknown	
	Date of test: _____ Mo Day Yr		Test results: Positive Negative Unequivocal Unknown	

EPIDEMIOLOGIC DATA

SUSPECT FOOD:			DATE CONSUMED: Mo Day Yr	
Pork (specify type below): Store bought pork Pork from farm-raised pig Wild boar Other (specify): _____ Not specified		Non Pork (specify type below): Bear meat Hamburger (ground meat) Other (specify): _____ Not specified		Unknown
			LARVAE IN SUSPECT FOOD: Not examined Present Absent Unknown	
WHERE MEAT OBTAINED: Supermarket/grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Other (specify): _____ Unknown		PREPARATION AFTER PURCHASE FURTHER PROCESSING: No further processing Ground (i.e., hamburger) Smoked Dried jerky Marinated Other (specify): _____ Unknown		METHOD OF COOKING: Uncooked Fried Open-fire roasting/BBQ Other cooking method (specify): _____ Unknown
PATIENT'S OCCUPATION: _____			RELATED CASES: Yes No Unknown	

COMMENTS AND ADDITIONAL DATA

Investigator name and title: _____

Date form completed: _____

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