

TRICHINOSIS SURVEILLANCE CASE REPORT

CDC CASE NO.

(1-5)

PERSONAL DATA

State Reporting: STATE NO. (6-7) First Four Letters of Last Name (8-17) Age: (18-19) Sex: (20) 1 Male 2 Female

Date of Birth: Mo. Day Yr. County: _____

Physician's Name _____ Physician's Address: _____

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS (21-26) Mo. Day Yr.

CDC USE ONLY
 INCUBATION PERIOD: (27-28) _____

OUTCOME: (29) 1 Recovered 2 Died 9 Unknown

Date of Death: Mo. Day Yr.

SIGNS AND SYMPTOMS: (Specify absolute No. or percent):
 Eosinophilia: (30) 1 Yes 2 No 9 Unk _____
 Fever: (31) (Specify Temperature): _____ 1 Yes 2 No 9 Unk
 Periorbital edema: (32) 1 Yes 2 No 9 Unk
 Myalgia: (33) 1 Yes 2 No 9 Unk

MUSCLE BIOPSY: (34) 1 Positive Findings 2 Negative Findings 3 Not Done 9 Unk

SEROLOGIC FINDINGS: (35) 1 Positive (specify) Mo. Day Yr. 2 Negative (specify) Mo. Day Yr. 3 Not Done 9 Unk

Test Type _____ Serum Titer _____

CDC USE ONLY
 Test Type (36) _____
 Test Date (37-42) Mo. Day Yr.

EPIDEMIOLOGIC DATA

SUSPECT FOOD (43) 1 Pork (Specify type below): (44) 1 Wild boar, any cut 2 Sausage 3 Chops 4 Roast 5 Ham 6 Bacon 7 Other pork (Specify): _____ 9 Not specified

2 Non Pork (Specify type below): (45) 1 Bear meat 2 Other wild animal 3 Hamburger (ground meat) 8 Other(specify): _____ 9 Not specified

DATE CONSUMED: (46-51) Mo. Day Yr.

LARVAE IN SUSPECT FOOD: (52) 1 Not Examined 2 Present 3 Absent 9 Unknown

WHERE MEAT OBTAINED: (53) 1 Supermarket—Grocery Store 2 Butcher Shop 3 Restaurant or other public eating establishment 4 Direct from Farm 5 Hunted or Trapped 6 Other (specify): _____ 9 Unknown

PREPARATION AFTER PURCHASE FURTHER PROCESSING: (54) 1 No further processing 2 Ground 3 Smoked 4 Dried jerky 5 Marinated 6 Other(specify): _____ 9 Unknown

METHOD OF COOKING: (55) 1 Uncooked 2 Fried 3 Open-Fire Roasting 4 Other Cooking Method (specify) _____ 9 Unknown

PATIENT'S OCCUPATION: (56) _____

RELATED CASES: (57) 1 Yes 2 No 9 Unknown

CDC USE ONLY
 MULTIPLE CASE OUTBREAK NO (58-59) _____

COMMENTS AND ADDITIONAL DATA

Investigator: _____ Title: _____

TRICHINOSIS

Trichinosis is a parasitic infection of man and animals caused by the nematode *Trichinella spiralis*. The usual mode of infection in man is by ingestion of infected pork products which have been inadequately cooked or treated. The clinical and pathological features of the disease are caused by larvae penetrating the walls of the gastrointestinal tract and invading the skeletal muscles and occasionally the heart and central nervous system.

Clinical Features

Gastrointestinal symptoms including diarrhea, nausea and vomiting may occur within 24 hours after ingestion of infected meat, particularly if the meat contains large numbers of larvae. With infections of lesser intensity gastrointestinal symptoms may be very mild or absent.

The second or migratory phase of the infection usually occurs within one to two weeks of exposure. This phase is characterized by myalgia, edema, particularly periorbital edema, fever, cough and malaise. In addition, larvae may be deposited in the central nervous system producing diffuse of focal neurologic signs, or in the myocardium producing tachycardia and electrocardiographic changes.

Epidemiology

The reservoirs of the parasite in the United States include swine and other domestic animals such as dogs and cats. In addition and contributing to the perpetuation of domestic animal reservoirs, is the presence of the parasite in a variety of wild animals including the rat, fox, wolf, bear and seal. Man is infected by eating inadequately cooked infected food. The practice of feeding improperly treated garbage to swine is largely responsible for the persistence of the infection in this host. Since pork is not inspected for trichina larvae in the United States, there is a risk of acquiring the disease on ingestion of improperly prepared pork or pork products.

Laboratory

1. **Eosinophilia** – Usually pronounced.
2. **Serologic tests** – several tests are presently available for the diagnosis of trichinosis. They include complement-fixation test and others such as rapid slide flocculation procedures (bentonite, latex and Suessenguth-Kline). Titers usually rise between the third and sixth week after infection.
3. **Muscle biopsy** – presence of non-calcified larvae of *T. spiralis* provides diagnostic confirmation of recent infection.
4. **Larvae in suspected foods** – identification of viable larvae in suspected foods is evidence of exposure in a case, or outbreak, of trichinosis.