

Trichinosis

Alaska

Outbreak Cluster **AK STARS** # _____
 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 Unk

DOB: _____
 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 _____ onset time _____ am pm	Hospitalized? Yes No Unk If yes, Hospital name: _____ Admit date _____
Duration of Illness _____ hours days -OR- Ongoing	Discharge date _____
Symptoms: Eosinophilia Yes No Unk If yes, specify absolute number or percentage (#) _____ K/uL or (%) _____	Outcome: -OR- Still inpatient Unk Survived Died (Date: _____) Unk
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
		Bear			Pork/wild boar			Outside the U.S.
		Fox			Walrus			Outside Alaska
		Lynx			Seal			Within Alaska
		Moose			Other game (specify: _____)			If yes to any of the above, Include dates and location of travel(s):
					Raw/undercooked meat of any type			
Date consumed								
* 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? Yes No 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? Yes No 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?		
Yes	No	Unk	Yes	No	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):	Hygiene education provided	Health education provided
		Other:

Completed by _____ Phone _____ Completed Case Report