NC Electronic Disease Surveillance System	NC EDSS EVENT ID#
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.
North Carolina Public Health	
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.

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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 at any raw or undercooked meat or poultry? REASON FOR TESTINC If yes, symptom onset date (mmiddyyyy):										
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perpheral neuropathy, etc.) Iaboratory, animal research setting, □ None of the above biomedical laboratory, or an animal	Did nations work in a votorinary practice or animal									
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diagnostic laboratory? └ Y └ N └ U	biomedical laboratory, or an animal									
			diag	Inostic laborato	ory?		U			

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
						SSN
CLINICAL OUTCOMES		FOOD RIS	K AND EXPOS	URE (continued)	OUTDOOR EX	POSURF
Discharge/Final diagnosis: Survived? Died? Died from this illness? Date of death (mm/dd/yyyy		During the 49 the patient: Eat any food produce sta farmer's ma Specify sour Eat any food vendor whe for grocerie	5 days prior to o items that cam and, flea market arket? rce: items that cam ere they do not f as?	e from a t, or e from a t, or e from a store or typically shop	During the 45 day did the patient participa outdoor activitie If yes, did the pat skinning, eviscera	rs prior to onset of symptoms,
TRAVEL/IMMIGRATION		Specify sour	rce(s):	oultry?		
The patient is: Resident of North Carolina Resident of another state None of the above Did patient have a travel his prior to onset of symptoms Travel dates: From: To city: To country:	or US territory tory during the 45 days ?	Specify type Beef (ha Pork (ha Lamb/m Wild gar U Other, s	e of meat: amburger/steak, am, bacon, pork nutton me, specify: pecify: /n		OTHER EXPOS Does the patient I similar symptom If yes, specify:	SURE INFORMATION know anyone else with ns?
Does patient know anyone e	lse with similar	Steak			CASE INTERVI	EWS/INVESTIGATIONS
symptom(s) who had the sar travel history? Name: Additional travel/residency i		_ Specify type ☐ Sausage ☐ Smokec ☐ Chops ☐ Roast	e of pork/pork pro		Were interview with others? Who was intervie	wed?
BEHAVIORAL RISK & CO	NGREGATE LIVING		d 🗌 Cured [Canned	Were health care consulted?	providers
During the 45 days prior to did the patient live in any of facilities (correctional facility commune, boarding school, fratemity)? Name of facility: Dates of contact: During the 45 days prior to did the patient attend social crowded settings? If yes, specify: In what setting was the patient	congregate living /, barracks, shelter, camp, dormitory/sorority/ camp, dormitory/sorority/ onset of symptoms, gatherings or	Bacon BBQ Other, sp Eat wild gam (deer, bear, 's Specify type Bear Wild boo Wild boo Other, s Eat other me emu, horse	ecify: e meat wild boar)? e of wild game me enison ar/javelina/feral h pecify: at / meat produ	nog cts (i.e. ostrich, 	with provider/offi Specify reason if Notes on medical	ed? reviewed (including telephone review ce staff)?
☐ Restaurant ☐ Home	Place of Worship Outdoors, including	Ostrich			GEOGRAPHIC	AL SITE OF EXPOSURE
 Work Child Care School University/College Camp Doctor's office/ Outpatient clinic Hospital In-patient Hospital Emergency Department Laboratory Long-term care facility /Rest Home Military Prison/Jail/Detention Center 	woods or wilderness woods or wilderness Athletics Farm Pool or spa Pond, lake, river or other body of water Hotel / motel Social gathering, other than listed above Travel conveyance (airplane, ship, etc.) International Community Other (specify) Unknown	Horse Other, s Eat prepacka (does not inc products)? Specify type product: Hot dog Cold Cu Bologr Turkey Ham Other Any other rea	clude dried, smo	Specify: erved, smoked, or	MOST LIKELY e Specify location: In NC City Outside NC, b City State County Outside US City Country	
		salami, jerky) Specify type	? of prepared me	(i.e. summer sausage, 	is the patient part	t of an outbreak of □Υ □N
FOOD RISK AND EXPOS		🗌 🗌 Salami		·····	Notes regarding s	setting of exposure:
Where does the patient/pati typically buy groceries? Store name: Store city: Shopping center name/addr CONTINUED		☐ Jerky ☐ Other, s	pecify:			