Communicable Disease Case Reporting and Investigation Protocol
TRICHINOSIS (TRICHINELLOSIS)

I. IDENTIFICATION AND DEFINITION OF CASES

A. Clinical Description: A parasitic disease caused by ingestion of *Trichinella* species larvae. The disease causes a variety of clinical manifestations. Common signs and symptoms among symptomatic persons include eosinophilia, fever, myalgia, and periorbital edema.

B. Laboratory Criteria: Confirmatory laboratory evidence:
- Demonstration of *Trichinella* larvae on muscle biopsy, OR
- A positive serology for *Trichinella*.

C. Wisconsin Surveillance Case Definition: A clinically compatible illness that is laboratory confirmed. 

   NOTE: In an outbreak setting, at least one case must be laboratory confirmed. Associated cases are considered confirmed if the patient shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product and has either a positive serology for trichinosis or a clinically compatible illness.

II. REPORTING

A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. Clinical Criteria for Reporting: Clinically compatible illness.

D. Laboratory Criteria for Reporting: Laboratory evidence of infection by visualization of *Trichinella* larvae on muscle biopsy or by a positive serology.

III. CASE INVESTIGATION

A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate. A source investigation should be performed by inquiring about ingestion of undercooked pork or wild game (particularly bear) within the 45 days prior to symptom onset.

B. Required Documentation:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
   2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional Investigation Responsibilities
   1. Evaluation of other persons known to have consumed the implicated meat product.
   2. Determine whether the case is potentially outbreak-related or if any product in commercial distribution is implicated.
IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES
   
   B. Educate the public about the risks of eating undercooked pork and wild game.
   
   C. Educate meat processors to thoroughly clean meat grinders after processing pork or wild game.

V. CONTACTS FOR CONSULTATION
   A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm
   
   B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
   
   C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES
   
   
   C. Centers for Disease Control and Prevention website: https://www.cdc.gov/parasites/trichinellosis/
   
   D. Division of Public Health Trichinellosis (Trichinosis) Fact Sheet: https://www.dhs.wisconsin.gov/library/p-42098.htm