Trichinellosis (Trichinosis)

Merlin disease code = 12400
Case report form (CRF): Trichinosis Surveillance CRF
PAPER CRF REQUIRED

Clinical criteria for case classification
A disease caused by ingestion of Trichinella larvae, usually through consumption of Trichinella-containing meat (or food contaminated with such meat) that has been inadequately cooked prior to consumption. The disease has variable clinical manifestations. Common signs and symptoms among symptomatic persons include eosinophilia, fever, myalgia, and periorbital edema.

Laboratory criteria for case classification
Confirmatory:
Either of the following:
• Demonstration of Trichinella larvae in tissue obtained by muscle biopsy
• Or positive serologic test for Trichinella (e.g., enzyme immunoassay [EIA], immunofluorescence assay [IF]).

Presumptive:
• Demonstration of Trichinella larvae in the food item.

Epidemiological criteria for case classification
Either of the following:
• A person who consumed a meat product in which the parasite was demonstrated
• Or a person who shared an epidemiologically implicated meal or ate an epidemiologically implicated meat product.

Case classification
Confirmed:
A clinically compatible illness in a person with confirmatory laboratory evidence (clinical specimen).

Probable:
A clinically compatible illness in a person with compatible exposure history.

Suspect:
A person with no clinically compatible illness with epidemiological criteria and a positive serologic test for Trichinella (and no known prior history of Trichinella infection).

Criteria to distinguish a new case from previous reports
Not applicable.

Comments
In an outbreak setting, at least one clinical case must have laboratory evidence.

Epidemiologically implicated meals or meat products are defined as a meal or meat product that was consumed by a person who subsequently developed a clinically compatible illness that was laboratory-confirmed.

Negative serologic results may not accurately reflect disease status if blood was drawn less than 3-4 weeks from symptom onset (Wilson et. al, 2006).

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