TEXAS Health and Human Services | Texas Department of State Health Services

For Use by DSHS Central Office Only
Approved By: _____ **Date:** _____
MMWR Year: _____

☐ Taeniasis
☐ Cysticercosis

Taeniasis/Cysticercosis Case Investigation

NBS Patient ID: _____

PLEASE PRINT LEGIBLY

☐ Confirmed ☐ Probable ☐ Not a Case

Patient Information

Last Name: _____ First Name: _____

Date of Birth: ____/____/_____ Age: _____ Sex: ☐ Male ☐ Female ☐ Unknown

Street Address: _____ City, State, Zip: _____

Patient Phone: _____ County of Residence: _____

Race: ☐ Asian ☐ American Indian/Alaskan Native
☐ Black or African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Unknown ☐ Other: _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Clinical Information

Physician: _____ Address: _____

City, State, Zip: _____ Phone: _____ Fax: _____

Is patient symptomatic? ☐ Yes ☐ No ☐ Unknown

If yes, what is date of symptom onset: ____/____/_____ ☐ N/A Unknown clinical information

Was the patient hospitalized for this illness? ☐ Yes ☐ No ☐ Unknown

If yes, provide name and location of hospital: _____

Dates of hospitalization: Admission ____/____/_____ Discharge ____/____/_____

Was the patient pregnant during illness? ☐ Yes ☐ No ☐ Unknown ☐ N/A

Is the patient deceased? ☐ Yes ☐ No ☐ Unknown

If yes, provide date of death: ____/____/_____ (submit documentation)

Clinical Signs and Symptoms (Check all that apply)

Symptoms of Cysticercosis

Headaches	☐ Yes	☐ No	☐ Unknown
Seizures	☐ Yes	☐ No	☐ Unknown
Hydrocephalus	☐ Yes	☐ No	☐ Unknown
Confusion	☐ Yes	☐ No	☐ Unknown
Lesions in brain	☐ Yes	☐ No	☐ Unknown

☐ Lesions, other locations (specify)

_____

☐ Nodules under skin (specify)

_____

Symptoms of Taeniasis

Abdominal pain	☐ Yes	☐ No	☐ Unknown
Diarrhea	☐ Yes	☐ No	☐ Unknown
Weight loss	☐ Yes	☐ No	☐ Unknown
Worm segments in stool	☐ Yes	☐ No	☐ Unknown
Other	☐ Yes	☐ No	☐ Unknown

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Signs and Symptoms, if applicable (check all that apply)		
Are other close contacts suffering from similar gastrointestinal illness? ☐ Yes ☐ No ☐ Unknown If yes, who? _____		
Are other close contacts suffering from seizures, epilepsy, or convulsions? ☐ Yes ☐ No ☐ Unknown If yes, who? _____		

Treatment – indicate treatment types below		
Antiparasitic treatment? ☐ Yes ☐ No ☐ Unknown	If yes, list treatment name: _____	Start Date: ____/____/_____
Anticonvulsant treatment? ☐ Yes ☐ No ☐ Unknown	If yes, list treatment name: _____	Start Date: ____/____/_____
Steroid treatment? ☐ Yes ☐ No ☐ Unknown	If yes, list treatment name: _____	Start Date: ____/____/_____
Did patient have surgery? ☐ Yes ☐ No ☐ Unknown	Outcome? ☐ Survived ☐ Died ☐ Unknown	

Epidemiology

Taeniasis *is a parasitic infection caused by Taenia sp. tapeworms. Humans can become infected with these tapeworms by eating raw or undercooked meat.*

T. solium tapeworm infections can lead to ***cysticercosis****. People acquire the disease when they swallow T. solium eggs passed in the feces of an individual with taeniasis (e.g., contaminated food); also, a person with T. solium taeniasis can infect themself (autoinfection). The incubation period for* ***cysticercosis*** *is highly variable and can range from weeks to many years.*

Has the patient ever lived outside of the United States for more than 60 days (*please include travel where stay was >60 days*)? ☐ Yes ☐ No ☐ Unknown

Country/Location	Approx. Dates	Rural Area?
		☐ Yes ☐ No ☐ Unk
		☐ Yes ☐ No ☐ Unk
		☐ Yes ☐ No ☐ Unk
		☐ Yes ☐ No ☐ Unk

Did patient eat raw or undercooked meat of **any** kind while traveling internationally in the past 10 years? ☐ Yes ☐ No ☐ Unknown

If yes, provide details:

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Epidemiology (continued)

History of Meat Consumption

Please provide a detailed account of meat consumed within the last 10 years in the **United States**.

Did patient eat any of the following within the last 10 years:

Raw or undercooked game meat (including feral hogs, deer, etc.) ☐ Yes ☐ No ☐ Unknown

Raw or undercooked pork ☐ Yes ☐ No ☐ Unknown

Raw or undercooked beef ☐ Yes ☐ No ☐ Unknown

Describe type(s) of meat eaten and other relevant information	Where was the meat acquired/ purchased?	What year was it consumed?

Other Pertinent Epidemiological Data

If diagnosed with cysticercosis, was stool tested for intestinal *T. solium* infection? ☐ Yes ☐ No ☐ Unknown

If yes, was person also carrying an adult *T. solium* tapeworm? ☐ Yes ☐ No ☐ Unknown

If yes, also report as Taeniasis

For taeniasis, if in a sensitive situation (i.e., food handling, childcare, healthcare), did control measures need to be implemented for the case or symptomatic contacts? Please describe.

Laboratory Findings (check all that apply)

Please include documentation of biopsy or imaging results with case report form.

Anatomic site 1:	Type of imaging ☐ X-ray ☐ CT ☐ MRI ☐ Other:	Date: ____/____/_____
_____	Interpretation:	Result:
	Facility name:	

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Anatomic site 2: _____	Type of imaging ☐ X-ray ☐ CT ☐ MRI ☐ Other:		Date: ____/____/_____
	Interpretation:		Result:
	Facility name:		
Specimen Type 1: ☐ Serum ☐ Stool ☐ Tissue biopsy ☐ Other: _____	Type of test: ☐ Immunoblot ☐ ELISA ☐ Ova and parasite exam ☐ Microscopic examination ☐ Other		
	Collection date: ____/____/_____	Results: _____	Interpretation: ☐ Pos ☐ Neg ☐ Equivocal
	Laboratory name:		
Specimen Type 2: ☐ Serum ☐ Stool ☐ Tissue biopsy ☐ Other: _____	Type of test: ☐ Immunoblot ☐ ELISA ☐ Ova and parasite exam ☐ Microscopic examination ☐ Other		
	Collection date: ____/____/_____	Results: _____	Interpretation: ☐ Pos ☐ Neg ☐ Equivocal
	Laboratory name:		

Comments and Other Pertinent Epidemiological Data

Date First Reported: ____/____/_____ Investigation: Started ____/____/_____ Completed ____/____/_____

Reporting Facility: _____

Name of Investigator: _____ (Please print clearly)

Agency: _____ (Please do not abbreviate)

Phone: _____ E-Mail: _____