

Paragonimiasis Investigation Form	NBS Patient ID:
<p>Patient's name: _____ Last First MI</p> <p>Address: _____</p> <p>City: _____ County: _____ Zip: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Date of birth: ___/___/___ Age: ___ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____</p> <p>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Patient Occupation: _____</p> <p>Parent/guardian's name _____</p> <p>Country of origin: _____ Date of arrival in US: ___/___/___</p>	<p>Reported by: _____</p> <p>Agency: _____</p> <p>Phone: () _____ Date reported: ___/___/___</p> <p>.....</p> <p>Investigated by: _____</p> <p>Agency: _____</p> <p>Phone: () _____</p> <p>Email: _____</p> <p>Investigation start date: ___/___/___</p> <p>Investigation completed date: ___/___/___</p>

CLINICAL DATA

Date of symptom onset: ___/___/___ **Illness end date:** ___/___/___ **Did patient die?** Yes, date of death: ___/___/___ No Unk

Signs and symptoms (Check all that apply):

Abdominal Pain Diarrhea Urticaria Fever Dry Cough Productive Cough Dyspnea Malaise Sweats

Shortness of Breath Hemoptysis Chest Pain Vomiting Headache Seizures Eosinophilia

Other: _____

Complications: Pneumonia Bronchitis Bronchiectasis Hydropneumothorax Encephalopathy (cerebral involvement)

Other: _____

Physician's name: _____ **Physician's phone:** () _____

Was the patient hospitalized? Yes, name of hospital: _____ No Unknown

If yes, Date of admission: ___/___/___ Date of discharge: ___/___/___

DIAGNOSIS/TREATMENT

Date of diagnosis: ___/___/___

Type of Paragonimiasis: Pulmonary Extrapulmonary (if extrapulmonary, please specify site of infection): _____

Site of Infection: Brain Muscle Retroperitoneum Ovary Liver Kidney Subcutaneous tissue

Omentum & Mesentery Adrenal Gland Epididymis Spleen Other: _____

For extrapulmonary paragonimiasis, was surgical excision of lesions performed? Yes No Unknown

Did the patient receive treatment? Yes No Unk Treatment start date: ___/___/___

If yes: Praziquantel Triclabendazole Itraconazole Other _____

LABORATORY

Microscopic identification of Stool Sputum Other: _____ Collection date: ___/___/___

Results: Positive for cysts Negative for cysts Unknown

Identification of adult worms or eggs in biopsy Specimen source: _____ Collection date: ___/___/___

Serology:

EIA Collection date: ___/___/___ Results: IgM: Pos Neg Indeterminate IgG: Pos Neg Indeterminate

Complete Fixation Collection date: ___/___/___ Results: Acute Titer: _____ Convalescent Titer: _____

Identification of adult worms or eggs in biopsy Specimen source: _____ Collection date: ___/___/___

Chest X-ray: Date: ___/___/___ Normal Abnormal

If abnormal please list findings: Peribronchial inflammation Infiltrates (unilateral or bilateral) Nodules/masses

Pleural effusion Cyst/cavities Other: _____

Paragonamiasis Investigation Form Continued

NBS Patient ID:

EXPOSURE HISTORY

Travel History:

Has the patient lived in a different location or traveled in the last 2 years? Yes No Unknown If yes, where and when?

Where (Country or US City and State)	Dates	Traveler
		<input type="checkbox"/> Traveled <input type="checkbox"/> Lived
		<input type="checkbox"/> Traveled <input type="checkbox"/> Lived
		<input type="checkbox"/> Traveled <input type="checkbox"/> Lived
		<input type="checkbox"/> Traveled <input type="checkbox"/> Lived
		<input type="checkbox"/> Traveled <input type="checkbox"/> Lived

Water Exposure:

Main source of drinking water: _____

Did the case have exposure to any recreational water sources? Yes No

If yes, please specify: River Pond Ocean Stream Lake Other: _____

Name(s) of body of water, date(s), location(s): _____

Food History:

Did the case **eat any Raw Crawfish?** Yes No Unsure

If yes, Where, When,: _____

Did the case **eat any Freshwater Crab?** Yes No Unsure

If yes, Where, When,: _____

Did the case **eat any Snails?** Yes No Unsure

If yes, Where, When,: _____

Did the case **eat any Other Freshwater Crustaceans?** Yes (Describe: _____) No Unsure

If yes, Where, When,: _____

COMMENTS