Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Trichinosis

Revised December 2014
Trichinosis

1.0 Provincial Reporting
   Confirmed and probable cases of disease

2.0 Type of Surveillance
   Case-by-case

3.0 Case Classification

3.1 Confirmed Case
   Laboratory confirmation of infection with or without clinically compatible signs and symptoms:
   • Demonstration of *Trichinella spiralis* in a muscle biopsy
   OR
   • Positive serology

3.2 Probable Case
   Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case or to a confirmed food source (e.g., meat known to contain *Trichinella* larvae).

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
   Any of the following will constitute a confirmed case of trichinosis:
   • Demonstration of *Trichinella* larvae in tissue obtained by muscle biopsy
   OR
   • Positive serologic test for *Trichinella*

4.2 Approved/Validated Tests
   • Parasitological tests (i.e., smear from infected meat)
   • Microscopic examination of muscle biopsy pressed between 2 glass plates for *Trichinella* larvae
   • Microscopic examination of enzyme digested biopsy material for *Trichinella* larvae
   • Serological tests (i.e., enzyme immunoassay [EIA])
4.3 Indications and Limitations

- Presence of larvae in biopsies indicates definitive evidence of infection but microscopy is time consuming, especially in a mild infection, and a negative result is not conclusive.
- Only serum samples are suitable for serology.
- Skeletal muscle biopsy taken more than 10 days after infection (most often positive after the fourth or fifth week of infection) frequently provides conclusive evidence of infection. Serum antibody titres rarely become positive before the second week of illness; testing paired acute and convalescent serum specimens usually is diagnostic.

5.0 Clinical Evidence

The disease has variable clinical manifestations and may be asymptomatic in some cases. Common signs and symptoms among symptomatic persons include eosinophilia, fever, myalgia, and periorbital edema.

6.0 ICD Code(s)

ICD 10 Code B75

7.0 Comments

N/A

8.0 Sources


# 9.0 Document History

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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<tr>
<td>December 2014</td>
<td>General</td>
<td>New template.</td>
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<td>Title of Section 8.0 changed from “References” to “Sources”.</td>
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<td>Section 9.0 Document History added.</td>
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<tr>
<td>December 2014</td>
<td>3.1 Confirmed Case</td>
<td>Addition of “or without” in first sentence.</td>
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<tr>
<td>December 2014</td>
<td>4.2 Approved/Validated Tests</td>
<td>In fourth (last) bullet, removal of “(i.e. complement fixation [CF])” and addition of “(i.e. enzyme immunoassay [EIA])”.</td>
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<tr>
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<td>4.3 Indications and Limitations</td>
<td>In first bullet, removal of “…especially in a low infection…” and addition of “…especially in a mild infection…”</td>
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<td>Addition of third (last) bullet: “Skeletal muscle biopsy takes more than 10 days…”</td>
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<tr>
<td>December 2014</td>
<td>5.0 Clinical Evidence</td>
<td>Removal of prior first sentence “A disease caused by ingestion of <em>Trichinella</em> larvae”.</td>
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<td>Addition of the following at the end of current first sentence: “…and may be asymptomatic in some cases.”</td>
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<td>December 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
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