



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

African and American Trypanosomiasis

Entered in DRSi?

Reported to health dept?

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.
Outbreak investigations must be reported immediately to DRSi through the outbreak module at <https://drsi.health.mil/ADRSi>

POC: _____
(_____) - _____ - _____

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (_____) - _____ - _____ (h)

(County) _____ (Country) _____ PHONE: _____ (_____) - _____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____ Location: _____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

Symptomatic Y N Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Headache

Insomnia

Swollen lymph nodes

Anemia

Edema

Rash

Malaise

Neurological changes

Somnolence

Enlarged liver

Difficulty Eating

Chagoma

Describe any other symptoms or relevant clinical history below:

Did the case present with congenital disease? If so, specify:	Specify the form of the disease:	Other relevant information:

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result		
Antibody	____/____/____	Serum Urine	CSF Other	Positive	Negative
Antigen	____/____/____	Serum Urine	CSF Other	Positive	Negative
PCR (DNA)	____/____/____	Serum Urine	CSF Other	Positive	Negative
Culture	____/____/____	Serum Urine	CSF Other	Positive	Negative
Screen	____/____/____	Serum Urine	CSF Other	Positive	Negative
Other <small>Describe below</small>	____/____/____	Serum Urine	CSF Other	Positive	Negative

Y N

Does the case have cross-reactive serologies to other flaviviruses?

If yes, describe:

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|--|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |
- *Incubation period: *T. b. rhodesiense*: 3 days to a few weeks; *T. b. gambiense*: several months. American Trypanosomiasis: (5–14 days if infected via insect bite; 30–40 days via a contaminated blood transfusion)

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

Describe any other relevant information below: