PATIENT IDENTIFIERS (Please tear off this page before sending the case report form to CDC. Patient identifiers should not be transmitted to CDC)	
Patient's Name:	
Patient's Address:	Telephone:
Physician's Name:	Telephone:

NEW WORLD SCREWWORM (NWS) CASE REPORT

Department of Health and Human Services, Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA, 30329
Contact newworldscrewworm@cdc.gov for submission instructions to CDC.

Required fields indicated by an asterisk (*)

1. *Case ID (Local Record ID): ___________ 2. *Person ID (Local Subject ID): __________ 3. *National reporting jurisdiction: _______

4. *Case Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a Case

5. Earliest date of report to a public health agency (*mm/dd/yyyy*): _______________

6. Earliest specimen collection date associated with a positive laboratory result (*mm/dd/yyyy*): _______________

7. Earliest result date of a positive laboratory result (*mm/dd/yyyy*): _______________

CASE DEMOGRAPHIC INFORMATION

8. a) Age: ______ b) Age units: ☐ yrs. ☐ mos. ☐ wks. ☐ days 9. Date of Birth (*mm/dd/yyyy*): _______________

10. Sex: ☐ Male ☐ Female ☐ Unknown

11. Race (*select all that apply*):
☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Asian
☐ Black or African American ☐ White ☐ Unknown
☐ Other, specify:_________________________ ☐ Refused to answer

12. Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

13. Country of residence: __________________________

14. U.S. state of residence: __________________________

15. U.S. county of residence: __________________________

16. Zip code: _________________

CASE HISTORY

17. Is the person currently employed? ☐ Yes ☐ No ☐ Unknown

a) If yes, what kind of work does the person do? (list all reported):______________________________

b) If yes, what kind of business or industry does the person work in? (list all reported):______________________________

18. Does the person have any of the following type(s) of disabilities:

	Yes	No	Unknown
a) Vision (blindness, serious difficulty seeing even when wearing glasses)	☐	☐	☐
b) Hearing (serious difficulty hearing or deafness)	☐	☐	☐
c) Communication (difficulty understanding others or being understood in your usual language)	☐	☐	☐
d) Functionally dependent (e.g., difficulty doing errands alone)	☐	☐	☐
e) Difficulty performing personal care activity	☐	☐	☐
f) Impaired mobility (serious difficulty walking or climbing stairs)	☐	☐	☐
g) Impaired cognition (serious difficulty such as concentrating, remembering, or making decisions due to a physical, mental, or emotional condition)	☐	☐	☐
h) Intellectual disability (intellectual developmental disorder)	☐	☐	☐

19. At the time of the diagnosis, was the person immunocompromised? ☐ Yes ☐ No ☐ Unknown

a) If yes, specify the condition(s): ____

20. Did the person have recent history (e.g., in the two weeks prior to symptom onset) of unhealed wounds, open sores, or were they recovering from surgery? ☐ Yes ☐ No ☐ Unknown

FORM CONTINUES ON NEXT PAGE

NEW WORLD SCREWWORM (NWS) CASE REPORT

CLINICAL INFORMATION

21. Did the person have any signs or symptoms consistent with an infestation? ☐ Yes ☐ No ☐ Unknown

a) If yes, earliest date of onset of signs or symptoms (*mm/dd/yyyy*): _______________

22. Did the person have any of the following signs or symptoms?

	Yes	No	Unknown		Yes	No	Unknown
a) Skin lesion, wound, or sore that worsened over time	☐	☐	☐	f) Sensation of movement at or near the site of infestation	☐	☐	☐
b) Pain	☐	☐	☐	g) Visible larvae or maggots	☐	☐	☐
c) Swelling	☐	☐	☐	h) Nosebleed	☐	☐	☐
d) Discharge or bleeding	☐	☐	☐	i) Other	☐	☐	☐
e) Foul odor	☐	☐	☐	If other, specify: ______________________________			

23. Was the person's infestation in (*select all that apply*): ☐ Wound ☐ Body orifice (mucous membrane) ☐ Surgical site

24. Where on the person's body was the infestation? ______________________________

25. What was the earliest date that the infestation was identified by a clinician as the final, suspected or most likely diagnosis? (*mm/dd/yyyy):* _____________

26. Was the infestation treated by removal of larvae from the infestation? ☐ Yes ☐ No ☐ Unknown

If yes, enter information for each time the person received treatment for the infestation.

Date of Treatment (*mm/dd/yyyy*)	Location of treatment (e.g., urgent care, physician office)	How many larvae were removed?	How were removed larvae disposed?	List any other treatment(s) received
___________	______________________	___________	______________	______________________
___________	______________________	___________	______________	______________________
___________	______________________	___________	______________	______________________

27. Were there any larvae that fell out of or were removed from the person's infestation that were not collected by a healthcare provider?
☐ Yes ☐ No ☐ Unknown

28. Was the person admitted to the hospital for this illness? ☐ Yes ☐ No ☐ Unknown

If the person was admitted to the hospital for this illness more than once, enter information for the first hospitalization.

a) If yes, date of hospital admission (*mm/dd/yyyy*): _______________

b) If yes, date of hospital discharge (*mm/dd/yyyy*): _______________

c) Days hospitalized for this illness: ____

29. Is the person deceased? ☐ Yes ☐ No ☐ Unknown

a) If yes, date of death (*mm/dd/yyyy*): _______________

b) If yes, is the person's death associated with NWS infestation? ☐ Yes ☐ No ☐ Unknown

FORM CONTINUES ON NEXT PAGE

NEW WORLD SCREWWORM (NWS) CASE REPORT

EPIDEMIOLOGIC INFORMATION

30. In the 10 days **before** symptom onset, where did the person reside (spend at least one night)? (*select all that apply*):

Note: Congregate living settings are facilities (not private residences) where people who are not related reside in close proximity and share at least one common room, such as a sleeping room, kitchen, bathroom, or living room.

☐ Private residence in a long-term arrangement (i.e., more than two weeks)
☐ Hotel/motel or vacation rental in a long-term arrangement (i.e., more than two weeks)
☐ Private residence in a short-term arrangement (i.e., two weeks or less)
☐ Hotel/motel or vacation rental in a short term-arrangement (i.e., two weeks or less)
☐ Shelter or safe haven (congregate setting)
☐ Temporary, non-congregate housing provided by charity or government program (e.g., transitional housing, hotel/motel)
☐ Structure or vehicle not meant for human habitation
☐ Vehicle meant for human habitation (e.g., RV)
☐ Outside or open air (e.g., tent, bus shelter), part of an established encampment
☐ Outside or open air (e.g., tent, bus shelter), not part of an established encampment
☐ Agricultural (e.g., livestock, farm) worker housing, including migrant worker housing
☐ Military congregate housing (e.g., barracks)
☐ Other congregate housing for workers
☐ School/university congregate housing (e.g., dormitories)
☐ Federal adult correctional facility
☐ State adult correctional facility
☐ Local adult jail/detention facility
☐ Juvenile correctional/detention facility
☐ Other correctional/detention facility (e.g., border detention facility)
☐ Mental/Behavioral/Substance use treatment facility
☐ Long term care facility (e.g., skilled nursing facility, nursing home, assisted living)
☐ Other inpatient medical facility
☐ Group home or residential facility not provided by employer or school (e.g., recovery house)
☐ Unknown
☐ Other, specify living situation(s):
☐ Declined to respond

Travel

During the 10 days **before** symptom onset:

31. Did the person spend time outside the United States? ☐ Yes ☐ No ☐ Unknown

32. Did the person spend time within the United States, but outside their county of residence?* ☐ Yes ☐ No ☐ Unknown

**For a person with no current county of residence in the United States, select the appropriate response for time spent within the United States during the 10 days before symptom onset.*

33. If the person reported travel, enter each travel destination:

Instructions for entering travel information:

- *If the person traveled to the same destination on more than one consecutive day, (e.g., traveled to the same county every day), enter this as one destination; enter the earliest date of arrival as the Date of Arrival and the most recent date of departure as the Date of Departure.*
- *For a person with no current county of residence in the United States, include all locations visited in the United States during the 10 days before symptom onset.*

International country of recent travel	U.S. state of recent travel	U.S. county of recent travel	Date of Arrival (*mm/dd/yyyy*)	Date of Departure (*mm/dd/yyyy*)

FORM CONTINUES ON NEXT PAGE

NEW WORLD SCREWWORM (NWS) CASE REPORT

EPIDEMIOLOGIC INFORMATION, continued

Exposures

34. During the 10 days **before** symptom onset, was the person exposed to any of the following:

Include the following information in the **Details** field for each exposure:

- **Animals** or **locations with animals:** type of animal(s) and if the animal(s) showed evidence of an infestation (e.g. head shaking, irritated behavior, smell of decay, presence of fly larvae/maggots in wounds)
- **A person with an infestation:** details on contact type (e.g., travel companion, coworker, household member) and case identifier number, if available.

Instructions for entering exposure information:

- *If the exposure started prior to the 10 days before symptom onset, enter the known or estimated start date if available. If not available, enter the date 10 days before the date of symptom onset as the Exposure Start Date.*
- *If the same exposure occurred on more than one consecutive day, (e.g., exposure to the same domestic animal every day), enter this as one exposure; enter the earliest exposure date as the Exposure Start Date and the most recent exposure date as the Exposure End Date.*

Exposure	Yes	No	Unknown	Exposure Start Date *(mm/dd/yyyy)*	Exposure End Date *(mm/dd/yyyy)*	Details
Animals						
a) Livestock (e.g., cattle, goats, sheep, pigs, horses, or poultry)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
b) Domestic animals not considered livestock (e.g., dogs, cats, companion animals, pets)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
c) Wildlife (e.g., deer)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
Locations with Animals						
d) Farm or ranch with animals (e.g. visiting, working, or living)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
e) Fair or event with animals (e.g., visiting or working)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
f) Zoo, including petting zoo (e.g., visiting or working)	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
g) Animal shelter	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
h) Hunting location	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
i) A person with a NWS infestation or similar infestation	☐	☐	☐	____________ ____________	____________ ____________	____________________ ____________________
Other exposures						
Specify:____________________	☐	☐	☐	____________	____________	____________________
Specify:____________________	☐	☐	☐	____________	____________	____________________
Specify:____________________	☐	☐	☐	____________	____________	____________________

FORM CONTINUES ON NEXT PAGE

NEW WORLD SCREWWORM (NWS) CASE REPORT

LABORATORY TESTING

Enter laboratory testing conducted for NWS identification. Include confirmatory laboratory testing for NWS (i.e., laboratory testing conducted by CDC DPDx, USDA NVSL, or other laboratory with training to identify NWS larvae).

35. Test 1

a) Date of specimen collection (*mm/dd/yyyy*): __________________ b) Date of result (*mm/dd/yyyy*): __________________

c) Specimen type (*select all that apply*): ☐ Whole Organism ☐ Image or Video ☐ Other, specify:_______________

d) Select the laboratory that conducted the testing: ☐ CDC DPDx ☐ USDA NVSL ☐ Public health laboratory ☐ Clinical laboratory ☐ Commercial reference laboratory (e.g., ARUP, Quest) ☐ Other laboratory, specify: ________________________________

e) Test Type: ☐ Ova/parasite examination (parasite morphological identification) ☐ Other, specify________________________________

f) Test Result: ☐ *Cochliomyia hominivorax* ☐ Fly larva ☐ Arthropod ☐ Unable to identify ☐ No parasite found ☐ Other, specify: ___________________________________

g) What stage(s) of larvae were identified? (*select all that apply*): ☐ 1st instar ☐ 2nd instar ☐ 3rd instar ☐ Unknown ☐ Not reported

36. Test 2

a) Date of specimen collection (*mm/dd/yyyy*): __________________ b) Date of result (*mm/dd/yyyy*): __________________

c) Specimen type (*select all that apply*): ☐ Whole Organism ☐ Image or Video ☐ Other, specify:_______________

d) Select the laboratory that conducted the testing: ☐ CDC DPDx ☐ USDA NVSL ☐ Public health laboratory ☐ Clinical laboratory ☐ Commercial reference laboratory (e.g., ARUP, Quest) ☐ Other laboratory, specify: ________________________________

e) Test Type: ☐ Ova parasite examination (parasite morphological identification) ☐ Other, specify________________________________

f) Test Result: ☐ *Cochliomyia hominivorax* ☐ Fly larva ☐ Arthropod ☐ Unable to identify ☐ No parasite found ☐ Other, specify: ___________________________________

g) What stage(s) of larvae were identified? (*select all that apply*): ☐ 1st instar ☐ 2nd instar ☐ 3rd instar ☐ Unknown ☐ Not reported

37. Test 3

a) Date of specimen collection (*mm/dd/yyyy*): __________________ b) Date of result (*mm/dd/yyyy*): __________________

c) Specimen type (*select all that apply*): ☐ Whole Organism ☐ Image or Video ☐ Other, specify:_______________

d) Select the laboratory that conducted the testing: ☐ CDC DPDx ☐ USDA NVSL ☐ Public health laboratory ☐ Clinical laboratory ☐ Commercial reference laboratory (e.g., ARUP, Quest) ☐ Other laboratory, specify: ________________________________

e) Test Type: ☐ Ova/parasite examination (parasite morphological identification) ☐ Other, specify________________________________

f) Test Result: ☐ *Cochliomyia hominivorax* ☐ Fly larva ☐ Arthropod ☐ Unable to identify ☐ No parasite found ☐ Other, specify: ___________________________________

g) What stage(s) of larvae were identified? (*select all that apply*): ☐ 1st instar ☐ 2nd instar ☐ 3rd instar ☐ Unknown ☐ Not reported

Comments:

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