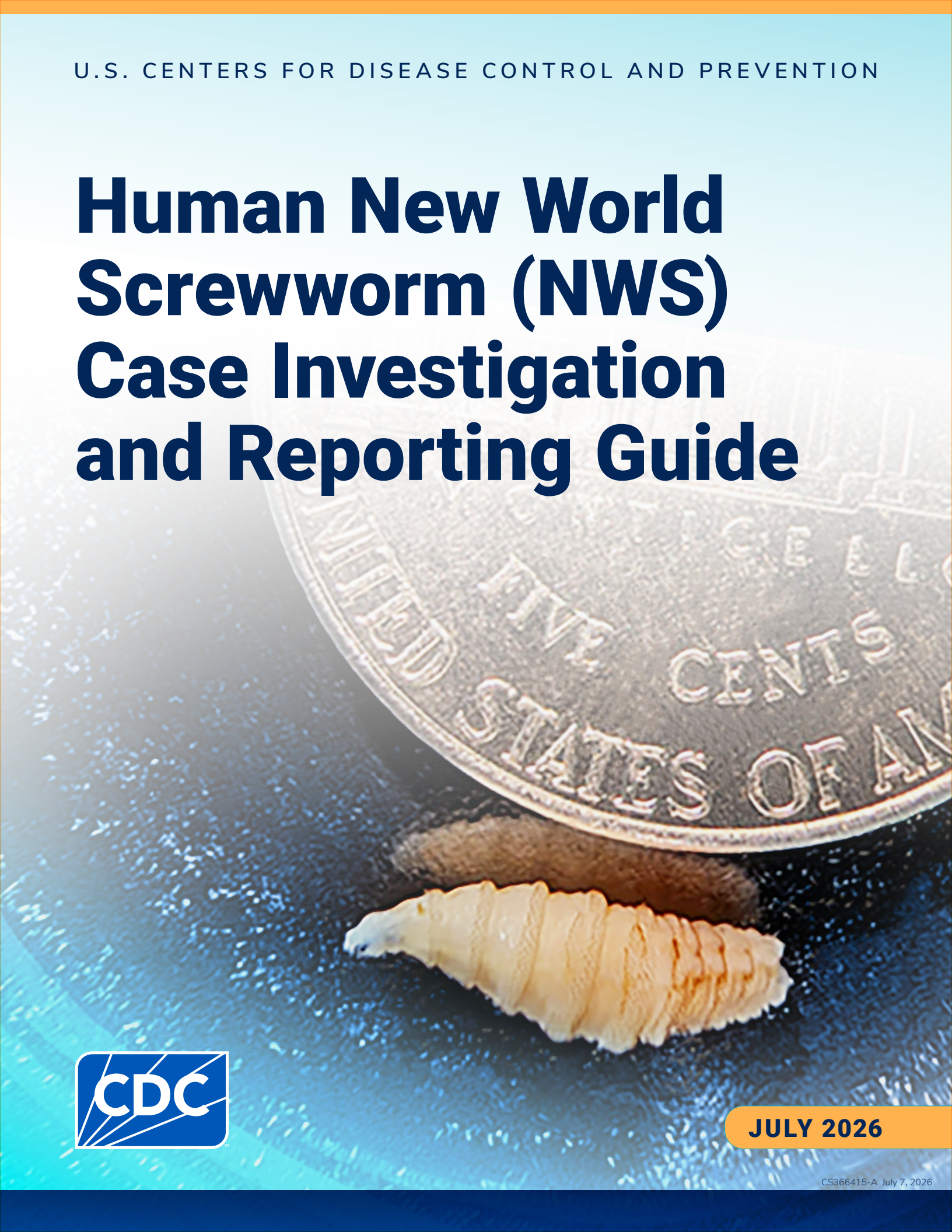
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Human New World Screwworm (NWS) Case Investigation and Reporting Guide



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Introduction

The Centers for Disease Control and Prevention (CDC) developed this document to assist state, tribal, local, and territorial (STLT) public health agencies in the systematic data collection and documentation of human cases of New World screwworm (NWS) infestation. As part of a coordinated One Health response, it outlines a framework that separates data collection into two key functions:

- Guidance on the investigation and completion of the CDC NWS Case Report Form (CRF) for submission to CDC (Section 5)
- Collection of detailed information beyond the CRF using the Section 6 investigation tables (e.g., Exposure Period and Infestation Period Investigation Tables), to be retained locally for response activities with public health and animal health partners

To support these parallel needs, this guide suggests structuring investigations by considering two different timeframes:

- The pre-symptom exposure period, to help identify the infestation source (Subsection 6.2 Exposure Period Investigation Table)
- The infestation period, to help prevent further spread (Subsection 6.3 Infestation Period Investigation Table)

This approach can assist STLT agencies' efforts to streamline data collection, strengthening the overall public health response.

CDC is available to support STLT partners and healthcare providers for any inquiries, consultations, or assistance with investigations. Healthcare providers are advised to work through their health department to access CDC resources and expertise. The Appendix lists contacts for NWS assistance.

2 NWS background and public health significance

NWS infestation occurs when NWS fly (*Cochliomyia hominivorax*) larvae infest the living flesh of warm-blooded animals. NWS affects livestock, pets, wildlife, and less commonly, people and birds. Infestations in animals can sustain local NWS fly populations, and animal cases may indicate increased risk of human exposure in a given area.

Screwworm flies are attracted to and lay eggs on and in open wounds or body orifices. After hatching, larvae (maggots) burrow into and feed on living tissue, causing painful, foul-smelling, or non-healing wounds. NWS infestation is not a zoonotic disease and is not transmitted between people and animals or between animals. Transmission occurs only through the deposition of eggs by adult flies onto wounds or body orifices. In people, signs and symptoms of NWS infestation may include visible maggots, the sensation of larvae moving in a wound or in the ears, nose, eyes, or mouth, bleeding from sores, and possible fever or chills from secondary bacterial infection. People are at higher risk in areas where the fly is present, particularly if they have open wounds—even small cuts or insect bites—sleep outdoors during the day, or have chronic conditions that cause skin lesions.

More on human symptoms, risk factors, how NWS spreads, prevention, treatment, and other resources can be found here: https://www.cdc.gov/new-world-screwworm/about/index.html. The current status of NWS in the United States, Mexico, and Central America can be found on the unified, whole-of-government NWS response page, screwworm.gov.

3 Response roles and coordination

An effective NWS response requires the One Health approach to coordinate across STLT and federal public health, animal health (domestic animals, wildlife), and other relevant partners. STLT public health agencies lead the investigation of international travel- and domestically acquired human NWS cases within their jurisdictions. STLT public health agencies should also collaborate, communicate, and coordinate with appropriate state animal health authorities during these investigations. CDC's role is to support these STLT-led investigations of human NWS cases and to support coordination across federal One Health partners. This support includes providing guidance on clinical diagnosis, patient management, and specimen collection, along with assistance in case investigation and rapid reporting to guide the overall public health response and supporting coordination with STLT, federal, and non-governmental One Health partners.

3.1 Interagency coordination

While public health agencies lead human health investigations, the United States Department of Agriculture (USDA) and state animal health authorities lead the overall strategy to prevent and control NWS in domestic and wild animals. USDA and state animal health agencies also support coordination with One Health partners at the federal, state, and local levels. The roles and response activities of USDA, other federal partners, and state animal health officials are detailed in the publicly available *USDA NWS Response Playbook*, found on screwworm.gov.

Applying the One Health approach is critical. One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. (U.S. Government Definition, established 2017). STLT public health agencies should coordinate with and maintain communication with their state public health veterinarian (SPHV) and collaborate with the state animal health official (SAHO; https://usaha.org/saho/), state agriculture and state wildlife agencies, and other relevant partners (e.g., state or local emergency management, healthcare providers, veterinarians, and others). Coordination should begin early and continue throughout preparedness, prevention, operational planning, response, and recovery activities, with multidirectional information sharing for both human and animal cases. An effective One Health response depends on early, frequent communication as well as rapid information and data sharing among relevant One Health partners.

4 Case investigation and reporting

Because NWS is an emerging threat to the United States, prompt notification and investigation of human and animal cases is essential for an effective response. CDC urges STLT health departments to investigate all suspected NWS cases in people. Investigations should focus on confirming the diagnosis, identifying the likely exposure sources, and assessing potential risk for local introduction to prevent domestic spread of NWS and further cases in people and animals. NWS does not spread through direct contact between people or animals. Spread is driven by the presence of NWS flies in the environment, not transmission between hosts.

4.1 Case investigation and information collection

When investigating a human NWS case, the public health department should initiate comprehensive information collection. This includes detailed accounts of the locations visited and activities that occurred in the 10 days before onset of signs or symptoms of the infestation, as well as the time period after onset until all larvae were removed from the infestation. This information is crucial for the response and will be maintained by the local jurisdiction.

When notifying CDC by submitting case-level information through the One CDC Data Platform (1CDP; https://www.cdc.gov/data-modernization/php/one-cdc-data-platform/index.html), the location details, such as specific street address or business name should not be submitted.

4.2 Case reporting and notification to CDC

Human NWS myiasis (infestation with the larval stage [maggots] of flies) is not currently a nationally notifiable condition, though it may be reportable in some jurisdictions. A standardized case definition has been approved and is being implemented summer 2026. When available, the Council for State and Territorial Epidemiologists (CSTE) standardized surveillance case definition for human NWS myiasis can be found on the CSTE position statement archive (https://www.cste.org/page/PositionStatements) under position statement ID 26-ID-05. This guide will be updated with standardized surveillance implementation resources once finalized.

Case notification to CDC supports timely and coordinated One Health response efforts across human and animal health sectors. Providing this information promptly will enhance surveillance, inform coordinated response strategies, and strengthen national awareness and prevention efforts. Section 5 of this guide includes the information to be submitted to CDC for case notification and reporting by the Case Report Form (CRF):

- Case information, including dates of public health importance (e.g., report date, diagnosis date) and case classification
- Case demographic information
- Case history
- Clinical information
- Epidemiologic information including travel and animal interactions
- Laboratory testing

For questions about NWS case reporting and notification of CDC, please contact the CDC NWS team at newworldscrewworm@cdc.gov.

5 Completing the Case Report Form (CRF)

This section describes the components of the CRF and provides clarification and special considerations for fields within the CRF (used for case notification to CDC).

5.1 Case information

CRF questions 1–7 request information for case identifiers, jurisdiction, case classification, and dates associated with case reporting to public health and laboratory testing. These questions can be completed by health department staff.

CRF questions 1–4 request information that is required (*) to create an entry in 1CDP.

CRF Excerpt—Page 1

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*): _____

Q4 Case Classification: Select the case status at the time of reporting (Confirmed, Probable, Suspect). Classifications may be updated as additional clinical, laboratory, or epidemiologic information becomes available (e.g., a Suspect case may later be confirmed or ruled out [i.e., "not a case"]).

Q5 Earliest date of report to a public health agency: This is the earliest date a report for the case was received by any public health agency, whether a state/territory or county/local agency, within the jurisdiction in which the case will be counted. Reports may include phone calls and any other mechanism accepted by the agency.

Q6 Earliest specimen collection date associated with a positive laboratory result: The earliest date a clinical specimen was collected from a patient that produced a laboratory result that was positive or indicative of NWS. This can be the date of specimen collection for NWS confirmatory testing.

Q7 Earliest result date of a positive laboratory result: The date on which the first result that was positive or indicative of NWS was either generated or reported by the laboratory. This can be the date the confirmatory testing results were generated or reported by the laboratory.

5.2 Case demographic information

For CRF questions 8–16, collect case demographic information, including age, date of birth, sex, race, ethnicity, and current residence.

CRF Excerpt—Page 1

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: _____ 15. U.S. county of residence: _____

14. U.S. state of residence: _____ 16. Zip code: _____

5.3 Case history

For CRF questions 17–20, collect information about the case including current employment occupation and industry, disability, immunocompromising conditions and recent history of wounds, sores, or surgery.

CRF Excerpt—Page 1

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):_____

Q17 Employment: Select **yes** if the individual works for pay. This includes retired individuals or students who are working for pay. Volunteer work should be classified as "Employed" **only if** the work is as an emergency/first responder, or if the volunteer work is at least 20 hours/week.

For other activities that could be a source of exposure but do not meet the criteria above (e.g., non-occupational care for livestock, other forms of volunteer work), please ensure this information is captured and described in the later questions on the CRF that address specific risk factors. See Subsection 5.5 Epidemiological information.

CRF Excerpt—Page 1

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

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

Q18 Disability: A disability can be defined as any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

Collect this information because certain physical, developmental, or cognitive conditions may affect an individual's ability to recognize the signs of an infestation or to seek timely medical care.

CRF Excerpt—Page 1

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

Q20 Recent history (e.g., in the two weeks prior to symptom onset) of unhealed wounds, open sores, or if they were recovering from surgery: This can be sores or wounds, including wounds from recent surgery, of any size. Consider any small, unhealed wounds or sores, as they can attract the NWS fly. Examples include small cuts or scrapes, tick bites or other bug bites, injection sites, and unhealed or not fully healed sores from conditions like eczema or psoriasis.

A recent history of unhealed wounds, open sores, or surgical incisions may indicate that a break in the skin was present during the 10 days before the person had signs or symptoms of infestation. The example of two weeks' timeframe includes the 10 days prior to onset of signs or symptoms, but it allows some room for judgement based on the person's health history (e.g., if a wound appears healed but there may be a small break in the skin that is not easily recognized).

5.4 Clinical information

For CRF questions 21–29, collect clinical information related to the person's NWS myiasis, including signs and symptoms, location of the person's infestation, diagnosis date, treatment information, and hospitalization and death.

CRF Excerpt—Page 2

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*): _____

Q21: Record the earliest date of symptom onset here. The earliest date of symptom onset also informs the detailed investigation data collection outlined in Section 6. Copy this onset date in Subsections 6.2 Exposure Period Investigation Table and 6.3 Infestation Period Investigation Table. These tables are not submitted to CDC via the CRF but are maintained by the health department for location investigation purposes.

CRF Excerpt—Page 2

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? _____

Q23 Was the person's infestation in (select all that apply): Select **wound** if the person's infestation is in a wound or a break in the skin, including small cuts or scrapes, tick bites or other bug bites, injection sites, and unhealed sores from conditions like eczema or psoriasis. Classify umbilical infestations as a wound. Select **body orifice (mucous membrane)** if the person's infestation is in eyes, ears, nose, mouth, or any other body orifice or mucous membrane. Select **surgical site** if the person's infestation is in an unhealed incision or site where surgery or medical procedure was performed.

CRF Excerpt—Page 2

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?

Q25 Diagnosis Date: This date should represent clinical diagnosis only and is defined as the earliest date that the condition being reported to public health system was identified by a clinician as the final, suspected, or most likely diagnosis.

Q26: Record treatment details here. The **last date larvae were removed or fell out** should also be documented in the Subsection 6.3 Infestation Period Investigation Table. The information collected in the Infestation Period Investigation Table is retained by the health department to support local response activities and is **not submitted to CDC through the CRF**.

Q27: If yes, document details about these larvae (e.g., location, handling, disposal) in the Subsection 6.3 Infestation Period Investigation Table to support local response activities.

CRF Excerpt—Page 2

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*):_____ c) Days hospitalized for this illness: ____
b) If yes, date of hospital discharge (*mm/dd/yyyy*):_____

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

Q28: Hospitalization should reflect an admission to an acute care facility associated with NWS myiasis. The person's inpatient admission to the hospital must be 24 hours or more in duration. Emergency department visits that do not result in an inpatient or observation admission should not be considered hospitalization.

5.5 Epidemiologic information

TO COMPLETE THIS SECTION

First conduct the detailed exposure period investigation using the Subsection 6.2 Exposure Period Investigation Table. This table is completed and retained locally and is not submitted to CDC.

After completing Subsection 6.2, return here to summarize key findings for the CRF Q30–34.

CRF questions 30–34 guide the collection of epidemiological information to identify the potential source of the infestation. It focuses on the exposure period: the **10 days prior to symptom onset**—or the earliest known date associated with reported illness—with the date of symptom onset being Day 0. This information is critical for additional animal health sector surveillance and response activities.

Use the completed Subsection 6.2 Exposure Period Investigation Table to summarize key exposures and locations for CRF questions 30–34 as denoted.

Summarize Subsection 6.2 Exposure Period Investigation Table, column "Place(s) where the person spent the night, including location" to complete CRF question 30.

CRF Excerpt—Page 3

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

Summarize Subsection 6.2 Exposure Period Investigation Table, column "Location(s) the person visited outside their county of residence" to complete CRF questions 31–33.

CRF Excerpt—Page 3

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*)

Summarize Subsection 6.2 Exposure Period Investigation Table, columns "Potential exposure setting(s)", "Exposure details", and "Exposure location" to complete CRF question 34. Any exposure that does not fit into a predefined category should be documented under "Other exposures", with specific details provided (e.g., "visited a dog park")

IMPORTANT INTERPRETATION NOTE

NWS infestation is **not a zoonotic disease** and is not transmitted between people and animals.

The exposures listed below are used to identify **potential environmental sources of NWS flies**, not sources of infection from animals or other people. Animals and people with infestations may indicate that flies are present in a shared environment.

When completing this section, focus on **where the person may have encountered flies.**

CRF Excerpt—Page 4

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:_____	☐	☐	☐			

5.6 Laboratory testing

Complete CRF questions 35–37 using CDC's parasitic diagnostic service (DPDx) laboratory results and any other laboratory testing conducted for NWS.

CRF Excerpt—Page 5

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

6 Beyond the CRF: detailed investigation (retain locally)

This section details the critical information needed for local human and animal health response and control efforts. **Only summarized information, as outlined in the Section 5 Completing the CRF guidance, is reported to CDC via the CRF; detailed information should be retained locally.** This information is used to guide response activities by other state (e.g., Department of Agriculture) and federal agencies, such as initiating an animal health investigation, determining areas for targeted NWS active and passive surveillance and NWS sterile fly releases, or implementing animal movement restrictions. While retained locally, this information should be readily accessible and, as appropriate, shared with relevant One Health partners to inform coordinated human and animal health response activities. STLT public health agencies should be aware of applicable state laws and regulations governing data sharing and plan in advance to facilitate timely, appropriate information exchange.

The investigation focuses on two key timeframes:

- **Exposure Period** (Subsection 6.2): The 10 days before symptom onset—to help identify where the person acquired the infestation
- **Infestation Period** (Subsections 6.3, 6.3.1–2): From symptom onset until larvae were last removed—to help prevent further spread

After completing Section 6 Beyond the CRF, return to Subsection 5.5 Epidemiologic information to summarize key findings for the CRF. This approach allows jurisdictions to store and share this information in accordance with jurisdiction data sharing and privacy rules, separate from the CDC CRF submission process.

6.1 Investigation guidance

This section provides guidance for completing the detailed investigation tables (Subsections 6.2, 6.3, 6.3.1, and 6.3.2). Use these considerations to ensure thorough and consistent data collection.

6.1.1 Documenting location data

The following guidance applies when documenting locations in all investigation tables.

If a location is in the United States:

- A nine-digit zip code is most useful. If a nine-digit zip code is not available, a five-digit zip code is preferred, followed by a town/city or county name.
- **Guidance for STLT:**
  - If the person reports a location outside of the state/jurisdiction conducting the investigation, notify that state/jurisdiction of the potential exposure for NWS.
  - Be aware that some state laws may prohibit sharing location data at this level of detail. However, this information is still valuable for local investigation and response, so it should be collected whenever possible.

If a location is outside the United States:

- If the country is Mexico, additional details on city, state, or region of exposure should be noted for binational public health response.
- For all other countries, providing the country name is sufficient.

6.1.2 Instructions: Exposure period table

Reminder, NWS is not transmitted between people and animals. This table is used to identify environments where NWS flies may be present.

The following guidance supports completion of the Subsection 6.2 Exposure Period Investigation Table, which covers the 10 days before symptom onset. Bold type below corresponds to a column title in the table.

Place(s) where the person spent the night: List the place and location where the person spent each night. People may live or stay in a variety of places (e.g., outdoors, house, apartment, congregate housing). Some people stay in the same place each night and other people go between several different places. For outdoor locations, consider asking the person to describe the location in relation to landmarks or intersections. Consider inquiring about the presence of animals; additional animal-related considerations are listed below.

Location(s) the person visited outside county of residence: This should include locations traveled to for work or personal reasons. If the person does not have a county of residence in the United States, list all locations visited in the United States.

Potential exposure setting(s): (select all that apply) For each exposure selected, provide additional context in the "**Exposure details**" and "**Exposure location**" columns. The prompts below offer guidance on important considerations and helpful information to capture.

A. Animal-associated environments where NWS flies may be present

- **Animals:** This includes all warm-blooded animals including mammals and birds. Consider livestock (e.g., cattle, goats, sheep, pigs, horses, commercial poultry), domestic animals (e.g., backyard poultry, companion animals/pets [dogs, cats, etc.], exotic pets [rabbits, hedgehogs, guinea pigs, etc.]), and wildlife (e.g., deer, wild pigs/hogs, foxes, raccoons, rabbits, birds) species.
- **Locations with animals:** These can be locations where the person had direct contact with an animal or a location where animals were present and the person did not have direct interaction with the animal. Consider:
  - » Animal farms or ranches
  - » Fairs or events with animals
  - » Zoos or petting zoos
  - » Animal shelters/group housing/rescue groups/pet stores
  - » Hunting locations
  - » Locations such as other congregate animal settings (such as a dog park), work, or private residences.

For these selections, document the following:

- Use **Exposure details** column to document the species of animal(s) and if the animal(s) showed evidence of an infestation (e.g., head shaking, irritated behavior, smell of decay, visible fly larvae or maggots in wounds).
- Use **Exposure location** column to list the location of each reported potential exposure.
  - » Occupation exposure or risk: Document workplace names, locations, and the types of operations (e.g., veterinary clinic, farms, slaughterhouse, shelter, retailer) where exposure may have occurred.

B. Shared environment with *a person with NWS or similar infestation*

- This includes persons who have been diagnosed with NWS or those experiencing myiasis/infestation. Common signs may include open wounds that may have larvae visibly present, wounds with foul-smelling odor, painful lumps in tissue, and signs of infection such as redness, swelling, and discharge.

  Note: While exposures to animals or people with infestations are informative for identifying potential environmental sources of NWS flies, the condition is not transmitted directly between people or animals.

For this selection, document the following:

- Use **Exposure details** column to document any details on contact type (e.g., travel companion, coworking, household member) and case identified number, if available.
- Use **Exposure location** column to list the location of each reported exposure. Document occupation exposure or risk as noted above for animal-related exposure.

Other potential exposures and notes: There may be other potential NWS exposures to consider, particularly in the context of no reported exposures to animals or locations with animals. These can include:

- *Flies:* if the person recalls the presence of flies or direct contact with a fly (e.g., a fly landed on the person).
- *Time spent outdoors:* Consider travel environments (e.g., beach, wooded areas, agritourism [vineyards, farms, etc.], pastures), gardening or interacting with ground/soil, camping or sleeping (both day or night), exercising outdoors, hiking, other outdoor recreation like hunting or work.
- *Time spent in rural areas:* this could include residence or time (indoors or outdoors) spent in a rural location, near wildlife corridors, wooded areas, or pastures.
- *Occupations with primary outdoor working environments:* This may include but is not limited to construction, landscape/lawn maintenance, logging/forestry, farming (row/crop).
- *Locations with open windows or doors without screens:* if any locations visited or places where the person spent the night had open windows or doors without screens.

6.1.3 Instructions: Infestation period tables

The following guidance supports completion of the Infestation Period Investigation Table and related tables (Subsections 6.3, 6.3.1, and 6.3.2), which cover the period from symptom onset until larvae were last removed or fell out. Bold type below matches a column title in the tables.

Location(s) where the person spent the night: List the place and location where the person spent each night (see Subsection 6.1.1 for important location detail guidance).

Location(s) the person visited: List every location in the United States that the person visited on that day (see Subsection 6.1.1 for location detail guidance). This includes locations in the same city or town. If the person visited multiple locations in a day, list all of them, including any stops made in transit.

> *Note:* If the person reports traveling long distances (e.g., between cities, states, or countries) on a conveyance (e.g., airplane, cruise or cargo ship, bus, train) or crossing a land border (e.g., pedestrian, vehicle passengers) during the infestation period, complete the Subsection 6.3.1.Transit Information Table.

Location(s) the person visited where animals were present or known to be: List each location in the United States where the person visited and if animals were known to be present (see Subsection 6.1.1 for location detail guidance). Specify the type of animal (i.e., species) and whether the person noticed signs that the animal was ill (e.g., head shaking, irritated behavior, smell of decay, presence of fly larvae/maggots in wounds).

> *Note:* If the person reports a household pet or companion animal, complete the Subsection 6.3.2 Companion or Household Animal Information Table.

NOTE FOR INVESTIGATORS

Larvae may be removed over multiple encounters or fall out outside of a healthcare setting. When appropriate, reinforce that larvae should not be discarded alive and, if possible, should be placed in a leak-proof container with alcohol and brought to a healthcare provider.

Location(s) where larvae fell out of or were removed from the person's infestation: List the location(s) in the United States where larvae fell out or were removed from the person's infestation by someone other than a healthcare provider (see Subsection 6.1.1 for location detail guidance). This can include removing a larva adherent to a bandage or other means of removal.

- **How larvae were disposed of** (e.g., submerged in alcohol in a container, thrown in trash, killed, etc.).
  - » If larvae were thrown in the trash, the location of the landfill that receives the trash may be needed. Anticipate requests to identify landfill and waste management facilities where infested trash may have been disposed of. USDA and/or state animal health partners may initiate fly trapping in areas where larvae may have been disposed of or where environmental conditions could support NWS fly activity.
  - » If the larvae were on a bandage, clothing, linens (e.g., bed sheets), or tissues, include how these were treated (e.g., thrown in trash, washed, etc.) and the location (e.g., where they were treated).
- **Additional notes or details**
  - » Consider noting if any other treatments or medications were administered or prescribed.

6.1.3.1 Transit Information Table instructions and considerations

Complete the Subsection 6.3.1 Transit Information Table if the person reported travel over long distances (e.g., between cities, states, or countries) on a conveyance (e.g., airplane, cruise or cargo ship, bus, train) during the infestation period. If the person's travel included a connection or layover, list each in its own row.

Type of transit: Specify the mode of transportation (e.g., airplane, bus, train, cruise ship, cargo ship).

Transit company name: Record the airline, bus company, train company, or cruise line name.

Flight, train, or bus number: Include the specific flight number, train number, or bus route number if available.

Departure and Arrival information: For each segment of travel, record:

- Airport or bus/train terminal of departure and arrival
- Date of departure and arrival (mm/dd/yyyy)

Travel companions and pets: Note if the person traveled with other known people (e.g., family, friends) or pets (dogs, cats, rabbits, others). For people, list names/relationships; for pets, indicate the animal species. If any travel companions or pets had wounds or obvious signs of infestation, document this information.

6.1.3.2 Companion or Household Animal Information Table instructions and considerations

NWS is not transmitted between animals and humans or between animals; animal information is collected to help identify potential environmental sources of NWS flies and supports coordination with animal health partners to inform local transmission risk and response activity.

Complete the Subsection 6.3.2 Companion or Household Animal Information Table if the person has a pet or companion animal (e.g., dogs, cats) or was in the presence of a companion or household animal during the infestation period. If a suspected myiasis case in a companion or household animal is identified during the investigation, this information should be shared with the appropriate state and federal One Health partners (i.e., state public health veterinarian, state animal health official, CDC, and USDA) to ensure a timely and coordinated response.

6.2 Exposure Period Investigation Table (Local Retention)

Complete the table for each day from the 10th day **before** the date of symptom onset until the day before symptom onset. See Subsection 6.1.2 for detailed instructions on completing each column.

Copy the earliest date of onset of signs or symptoms from Subsection 5.4 Clinical information (CRF Q21a): (mm/dd/yyyy) ____/____/_____

Day	Date	Place(s) where the person spent the night, including location	Location(s) the person visited outside their county of residence	Potential exposure setting(s): *select all that apply*	Exposure details	Exposure location	Other potential exposures and notes
-10	__/__/____ (Onset date—10 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-9	__/__/____ (Onset date—9 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-8	__/__/____ (Onset date—8 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-7	__/__/____ (Onset date—7 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-6	__/__/____ (Onset date—6 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			

Exposure Period Investigation Table, continued

Day	Date	Place(s) where the person spent the night, including location	Location(s) the person visited outside their county of residence	Potential exposure setting(s): *select all that apply*	Exposure details	Exposure location	Other potential exposures and notes
-5	__/__/____ (Onset date—5 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-4	__/__/____ (Onset date—4 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-3	__/__/____ (Onset date—3 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-2	__/__/____ (Onset date—2 days)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
-1	__/__/____ (Onset date—1 day)			☐ Animals ☐ Location with animals ☐ Person with NWS or similar infestation			
Additional notes or details:							

6.3 Infestation Period Investigation Table (Local Retention)

Complete the table for each day from symptom onset to the last day the larvae were removed from or fell out of the person's infestation. Only enter as many days as needed (e.g., if the person was treated and all larvae were removed the day after symptom onset, complete the rows for Day 0 [onset date] and Day 1 [treatment date]). See Subsection 6.1.3 for detailed instructions on completing each column.

Copy the earliest date of onset of signs or symptoms from Subsection 5.4 Clinical information (CRF Q21a): (mm/dd/yyyy) ___/___/_____

Enter the date of the last day the larvae were removed from or fell out of the person's infestation (CRF Q26): (mm/dd/yyyy) ___/___/_____

Day	Date	Location(s) where the person spent the night	Location(s) the person visited, including zip code	Location(s) the person visited where animals were present	If any larvae fell out or were removed from the person's infestation: Location, including zip code	If any larvae fell out or were removed from the person's infestation: Number of larvae removed	If any larvae fell out or were removed from the person's infestation: How larvae were disposed
0	__/__/____ (Onset date)						
1	__/__/____ (Onset date +1 days)						
2	__/__/____ (Onset date +2 days)						
3	__/__/____ (Onset date +3 days)						
4	__/__/____ (Onset date +4 days)						
5	__/__/____ (Onset date +5 days)						
6	__/__/____ (Onset date +6 days)						
7	__/__/____ (Onset date +7 days)						
Additional notes or details:							

6.3.1 Transit Information Table (Local Retention)

If the person reported travel over long distances on a conveyance during the infestation period, complete the table below. If the person's travel included a connection or layover, document each in its own row. See Subsection 6.1.3.1 for additional context on when and how to complete this table.

Type of transit	Transit company name	Flight, train, or bus number	Departure: Airport or bus/ train terminal	Departure: Date	Arrival: Airport or bus/ train terminal	Arrival: Date	Travel companions and pets
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	
				__/__/____		__/__/____	

6.3.2 Companion or Household Animal Information Table (Local Retention)

If the person was in the presence of a pet or companion animal (e.g., dogs, cats) or was in a household with an animal during the infestation period, complete the information below. See Subsection 6.1.3.2 for additional context on when to complete this table.

1. List animal species and the number of each:

   _____

2. Did/do the animal/s have any wounds or signs of myiasis? Signs in animals may include visible maggots in wounds or body openings, wounds with bloody discharge and foul odor, scratching, head shaking, depression, and not eating. ☐ Yes ☐ No ☐ Unknown
3. For each animal describe briefly. Include location of wound or myiasis on the animal and date that these signs were first observed:

   _____

   a) Has the animal/s been seen by a veterinarian, received, or is currently receiving any treatment for the wounds or signs of myiasis?
   ☐ Yes ☐ No ☐ Unknown

   If yes, include veterinarian name and contact, and, if known, if specimens were collected from the animal:

   _____

   For each animal, list locations where this animal has been (e.g., boarding, farm visits, pet daycare) within the 10 days before the animal's signs. Also include the dates at those locations and if the animal had/has access outdoors.

Animal Species	Location where animal has been	Date at location	Access to outdoors Y/N
		__/__/____	
		__/__/____	
		__/__/____	

After completing the detailed investigation tables in Section 6 (for local retention), return to Section 5.5 to summarize key findings for CDC reporting via the CRF.

Appendix: Contacts for assistance

Humans: Clinical inquiries and patient management-related questions

- CDC Parasitic Diseases Hotline/Clinical Consult Service for Healthcare Providers: 404-718-4745 / parasites@cdc.gov
- For human clinical inquiries outside of regular business hours: CDC Emergency Operations Center, 770-488-7100.

NWS Identification in People

- CDC Diagnostic Parasitology Laboratory (DPDx): dpdx@cdc.gov

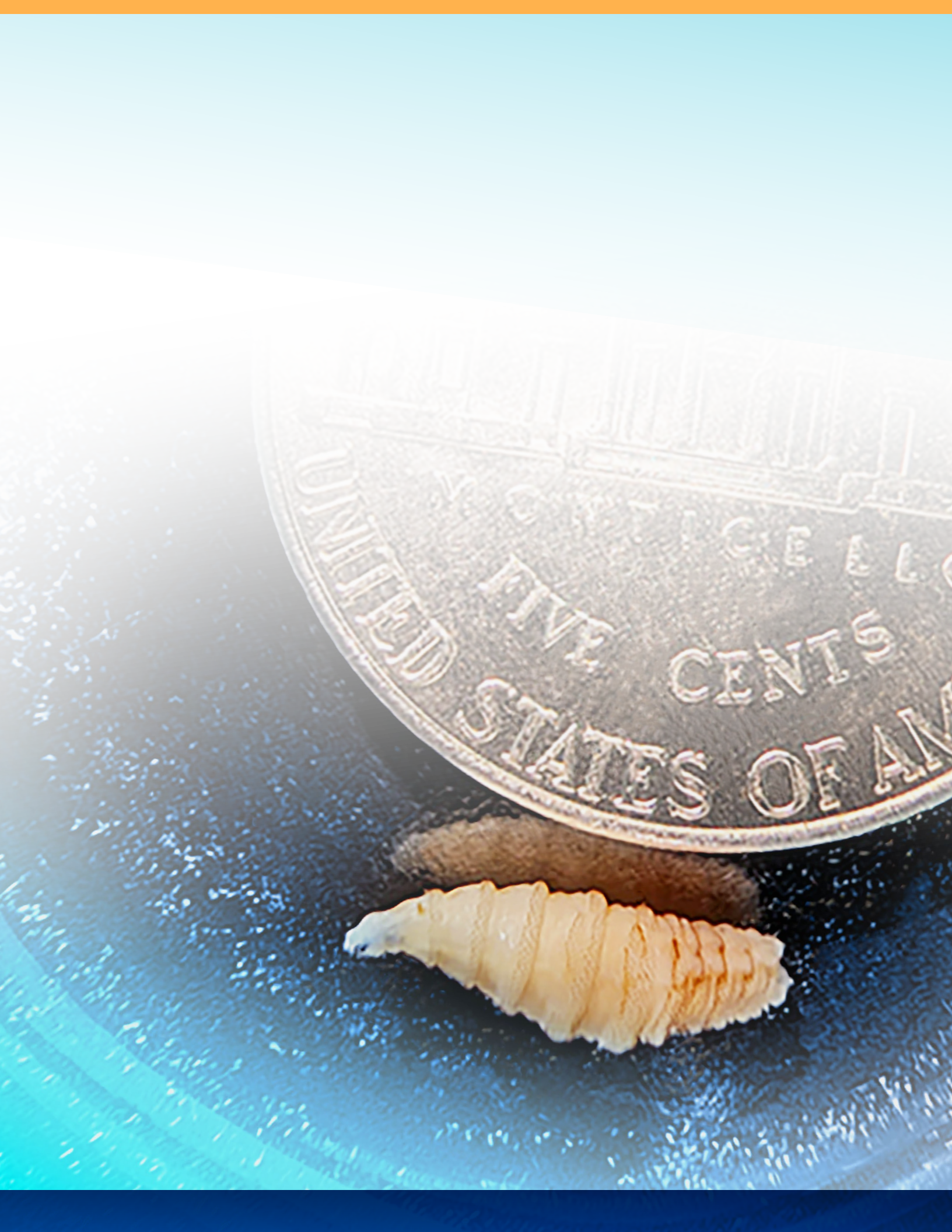
  DPDx provides species identification for NWS by telediagnosis and specimen submission. Contact DPDx for specimen or telediagnosis submission instructions.

Case reporting, investigation, and other inquires

- See NWS Case Reporting for Health Departments (https://www.cdc.gov/new-world-screwworm/php/reporting/index.html) for information and resources related to case notification and reporting.
- Contact newworldscrewworm@cdc.gov for inquiries related to case reporting, investigation, and questions about NWS not related to individual patient care or confirmatory testing.
- Suspected animal cases should be reported immediately to the state animal health official (https://usaha.org/saho/) and USDA Animal and Plant Health Inspection Service (APHIS) Area Veterinarian in Charge (https://www.aphis.usda.gov/contact/animal-health).

NWS Case Report Form

- This fillable PDF version of the NWS case report form is available to aid in data collection: https://www.cdc.gov/new-world-screwworm/media/pdfs/2026/02/CDC_NWS_CRF_2025.pdf. However, jurisdiction should use the CRF in 1CDP to submit data to CDC.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