Diphtheria

Name (last, first): Birth date: _/Ae:: City/State/Zip:	PATIENT DEMOGRAPHICS				
ctryStare/Zip:	Name (last, first):	Birth date:// Age:			
Phone (home): Phone (work):	Address:	Gender: 🗆 Male 🗆 Female 🗆 Unk			
Occupation/grade: Employer/School: Rece: Mithic DBlack/Afr. Amer. Alternate contact: Darrent/Guardian Dspouse Dother Phone: Mithie DBlack/Afr. Amer. INVESTIGATION SUMMARY Entered in WVEDSS? D's Unit apply Distriction): Data of reports Data of reports Investigator phone: Case Classification: Case Classification: Case Classification: Case Classification: Date of report:	City/State/Zip:	Ethnicity: DNot Hispanic or Latino			
Occupation/grade: Employer/School: Rece: Mithic DBlack/Afr. Amer. Alternate contact: Darrent/Guardian Dspouse Dother Phone: Mithie DBlack/Afr. Amer. INVESTIGATION SUMMARY Entered in WVEDSS? D's Unit apply Distriction): Data of reports Data of reports Investigator phone: Case Classification: Case Classification: Case Classification: Case Classification: Date of report:					
Alternate contact: □Parent/Guardian □Spouse □ Other Mail all Mail all Mail all Mail all Native HI/Other PI □ Unik NUMESTIGATION SUMMARY Entered in WVEDSS? [Disclored in WVEDSS] [Disclored in WVEDSS? [Disclored in WVEDSS					
Nome: Phone: Intersepti Int					
INVESTIGATION SUMMARY Local Health Department (unsdiction):					
Local Health Department (lurisdiction): Entered in WVEDSS? [] Ves [] No [] Unk Investigator :					
Investigator :		Entered in WVEDSS? Types The Tunk			
Investigator phone:					
Investigation Start Date://	Investigator phone:				
REPORTING SOURCE Date of report:	· · · · · · · · · · · · · · · · · · ·				
Date of report: Report Source: □Laboratory □Hospital □Physician □Public Health Agency □Other Report Source Name:					
Report Source Name:Address:		ΠΗοspital ΠΡονsician ΠΡυρίς Health Agency ΠΩther			
Earliest date reported to county://Earliest date reported to state:// Reporter Name:Address: Physician Name:Physician Facility :Phone: Physician Address:Phone: Physician Address:Phone: Hospital Was patient hospitalized for this illness? Y ln U U If yes, Admit date: //Discharge date: // Condition Diagnosis date: _/ _/ Illness onset date: _/ _/ Illness end date: // Symptoms Y N U Y N U Membrane If yes, sites: Condition Nembrane If yes, sites: Condition Soft tissue swelling (around membrane) B Soft tissue swelling (around membrane) B Difficulty swallowing Y N U Complications B Difficulty swallowing Y N U Complications B Difficulty swallowing Y N U Complications B Shortness of breath B Fatigue B Airway obstruction If yes, date of onset: // B Shortness of breath B Stridor B Other (specify): B Batal weakness B Diratal weakness B Diratal weakness B Airway obstruction If yes, date of onset: //					
Reporter Name: Address: Physician Name: P	Earliest date reported to county: // Earliest date reported	to state: / /			
CLINICAL Physician Name: Physician Facility : Physician Address: Phone: Hospital Was patient hospitalized for this illness? Y N U U If yes, Admit date: // Discharge date: // Hospital Was patient hospitalized for this illness? Y N U U If yes, Admit date: // Illness end date: // Condition Diagnosis date: / Illness onset date: // Illness end date: // Outcome: Recovered, no residue Date date: V N U Outcome: Recovered, no residue Larynx U Nares D Membrane If yes, sites: Conjunctiva I Hard palate Larynx U Nares Nasopharynx Skin I Soft palate I Tonsils D Pever If yes, bighest measured temperature * Fahrenheit or I Celsius Soft tissue swelling (around membrane) D Neck edema If yes: Submandibular I Midway to clavicle I To clavicle Below clavicle Is edema: D Difficulty swallowing Y NU Complications Any complications D Difficulty swallowing Y NU Complications Intubation required D Difficulty swallowing Y NU Moycarditis If yes, date of onset: / /					
Physician Name: Physician Facility : Physician Address: Phone: Hospital Was patient hospitalized for this illness? Y low U If yes, Admit date: // Discharge date: // Hospital name:					
Physician Address: Phone: Hospital Was patient hospitalized for this illness? Y □ V □ U If yes, Admit date: // Discharge date: // Hospital name:					
Hospital Was patient hospitalized for this illness? Y I N U U If yes, Admit date: // Discharge date: // Hospital name:		Phone:			
Hospital name:					
Condition Diagnosis date: _/ _/					
Outcome: Recovered, no residue Recovered, residue Died Unknown Symptoms YNU YNU Membrane If yes, sites: Conjunctiva Hard palate Larynx Nares Nasopharynx Skin Soft palate Tonsils PNU Faver If yes, highest measured temperature° Fahrenheit or Celsius Soft tissue swelling (around membrane) Neck edema If yes: Submandibular Midway to clavicle To clavicle Below clavicle Is edema: Bilateral Right side only Let side only Complications Pheezing Phezing Tachycardia Any complications Sore throat Phezing Airway obstruction If yes, date of onset: / / Sore throat Phezing Stridor Myocarditis If yes, date of onset: / / Palatal weakness Phezing Stridor Myocarditis If yes, date of onset: / / Palatal weakness Phezing Phezing Phezing Phezing If yes, date started: // Duration of therapy (in days): If yes, date started: //	Condition Diagnosis date: / / Illness onse	et date: / / Illness end date: / /			
Symptoms YNU Image: Symptoms					
Image: Second structure Image: Second structure <td colspan="5">YNU Image: Second state Image: Second state </td>	YNU Image: Second state				
INPATIENT TREATMENT OUTPATIENT TREATMENT Treated with antibiotics? Y N U Treated with antibiotics? Y N U If yes, date started: /Duration of therapy (in days): If yes, date started: /Duration of therapy (in days): Antibiotics given: Erythromycin (incl pediazole, ilosone) Antibiotics given: Erythromycin (incl pediazole, ilosone) Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline Clarithromycin/azithromycin Tetracycline/Doxycycline	Image: String in the string	 Any complications Airway obstruction If yes, date of onset: / / Intubation required Myocarditis If yes, date of onset: / / (Poly)neuritis If yes, date of onset: / / 			
Treated with antibiotics?YNUTreated with antibiotics?YNUIf yes, date started:	Description of clinical picture:				
Treated with antibiotics?YNUTreated with antibiotics?YNUIf yes, date started:					
Treated with antibiotics?YNUTreated with antibiotics?YNUIf yes, date started:					
If yes, date started://Duration of therapy (in days): If yes, date started://Duration of therapy (in days): Antibiotics given: Erythromycin (incl pediazole, ilosone) Antibiotics given: Erythromycin (incl pediazole, ilosone) Antibiotics given: Erythromycin (incl pediazole, ilosone) Antibiotics given: Erythromycin (incl pediazole, ilosone) Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Amoxicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Cotrimoxazole (bactrim/septra) Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline Clarithromycin/azithromycin	INPATIENT TREATMENT	OUTPATIENT TREATMENT			
Antibiotics given: Erythromycin (incl pediazole, ilosone) Antibiotics given: Erythromycin (incl pediazole, ilosone) Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Amoxicillin, Ampicillin, Augmentin/Celclor/Cefixme Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline	Treated with antibiotics? TV NV VV V	Treated with antibiotics? T V IN U			
Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline	If yes, date started: / / Duration of therapy (in days):				
	 Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) 	 Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixme Cotrimoxazole (bactrim/septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) 			

Division of Infectious Disease Epidemiology rev02.28.2012

DIPHTHERIA ANTITOXIN TREATMENT (DAT)				
Was diphtheria antitoxin (DAT) administered? 🗆 Y 🗖 N 🗆 U	If yes, amount of DAT admi	nistered (in IU):		
Physician requesting DAT, Name:Phone:				
Address:				
LABORATORY (Please submit copies of <u>all</u> labs to DIDE)				
YNU Specimen for diphtheria culture obtained? If yes, Date specimen collected: / / Result date: / / Result: Positive Intermedius If culture positive, biotype: Belfanti I Gravis If culture positive, results of toxigenicity testing: Negative Positive Votor Specify lab performing culture:				
□ □ □ Were antibiotics given in the 24 hours before culture?	locular tuning) 🗖 Chook if a	anonimon will be cont		
 Specimen sent to CDC Diphtheria Lab for confirmation/molecular typing? Check if a specimen will be sent Type of specimen: Clinical swab Piece of membrane C. diphtheriae isolate Serum specimen for Diphtheria Antitoxin antibodies obtained? PCR result: Negative Positive Unknown Not Done 				
Did the patient receive their childhood primary series? □ Y □ N □ If < 18 years of age, Number of doses:		_□ Check if date of last dose unknown		
VACCINATION RECORD				
Date received: //Anatomical site:	Given by: Last Name:			
Vaccine administered: Vaccine ID: Vaccine ID:		Provider ID:		
Manufacturer: Organization ID: Lot #: Expiration Date://	Organization ID.			
Date received: //Anatomical site:	Given by: Last Name:			
Vaccine administered:Vaccine ID:	First Name:	Provider ID:		
Manufacturer:Organization ID:				
Lot #: Expiration Date://	Organization ID:			
Date received: / / Anatomical site:	Given by: Last Name:			
Vaccine administered:Vaccine ID:	First Name:	Provider ID:		
Manufacturer:Organization ID:				
Lot #: Expiration Date: / /				
Date received: / / Anatomical site:	Given by: Last Name:			
Vaccine administered:Vaccine ID:	First Name:	Provider ID:		
Manufacturer:Organization ID:	Organization Name:			
Lot #: Expiration Date: / /	Organization ID:			
Date received: / / Anatomical site:	Given by: Last Name:			
Vaccine administered:Vaccine ID:	First Name:	Provider ID:		
Manufacturer:Organization ID:	Organization Name:			
Lot #: Expiration Date://	Organization ID:			
Date received: / / Anatomical site:	Given by: Last Name:			
Vaccine administered:Vaccine ID:		Provider ID:		
Manufacturer:Organization ID:				
Lot #: Expiration Date://	Organization ID:			
EPIDEMIOLOGIC				
YNU Is this case epi-linked to a diphtheria case or carrier? If yes, case ID of epi-linked case: Des this case have a known exposure to international travelers? Does this case have a known exposure to immigrants? Is this case part of a cluster or outbreak? If yes, name of outbreak? Case's country of residence: USA I Other (specify):				
Transmission Setting (where did this case acquire diphtheria?):	□ Other (specify):			
Athletics	Community	Correctional facility		
Daycare Doctor's office	□ Home	Hospital ER		
Hospital outpatient clinic Hospital ward	□ International travel	□ Military		
□ Place of worship □ School	□ Work			

TRAVEL HISTORY				
History of international travel 2 weeks prior to onset? Y				
Country visited	Fr	rom (mm/dd/yyyy)	To (mm/dd/yyyy)	
History of interstate travel 2 weeks prior to	1		To (mm (dd (mm))	
State visited	Fr	rom (mm/dd/yyyy)	To (mm/dd/yyyy)	
PUBLIC HEALTH ISSUES		PUBLIC HEALTH ACTIONS		
YN U		YN U		
 Case knows someone who had shared exposure and is currently having similar symptoms Epi link to another confirmed case of same condition Case is part of an outbreak Other: 		 Disease education and prevention information provided to patient and/or family/guardian Facilitate CDC laboratory confirmation of the diagnosis Initiate isolation of patient Initiate contact tracing (including an assessment of vaccination status) Facilitate laboratory testing of other symptomatic persons who have a shared exposure Provide post-exposure prophylaxis (antibiotics) for contacts Patient is lost to follow-up Other: 		
NOTES				

CLOSE CONTACT INFORMATION
Contact 1: Name: Date of Birth: / / Age: Relation to Case:
Y N U Address: Phone number:
 □ □ □ Vaccinated? If yes, number of lifetime doses:Last dose: □ ≤ 5 years ago □ □ □ Nasopharyngeal culture obtained? If yes, date of culture: _ / Result: □ Positive □ Negative □ Unknown □ □ □ Oropharyngeal (throat) culture obtained If yes, date of culture: / /Result: □ Positive □ Negative □ Unknown
Antibiotic prophylaxis received: Erythromycin (incl pediazole, ilosone) Cotrimoxazole (Bactrim/Septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline Other (specify): Unknown
Contact 2: Name:Date of Birth: / /Age:Relation to Case: Y N U Address:Phone number:
 □ □ Vaccinated? If yes, number of lifetime doses:Last dose: □ ≤ 5 years ago □ > 5 years ago □ □ Nasopharyngeal culture obtained? If yes, date of culture: _ / _ /Result: □ Positive □ Negative □ Unknown □ □ Oropharyngeal (throat) culture obtained If yes, date of culture: / /Result: □ Positive □ Negative □ Unknown
Antibiotic prophylaxis received: Erythromycin (incl pediazole, ilosone) Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixime Cotrimoxazole (Bactrim/Septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline Other (specify): Unknown
Contact 3: Name:Date of Birth: / /Age:Relation to Case: Y N U Address:Phone number:
□ Vaccinated? If yes, number of lifetime doses: Last dose: □ ≤ 5 years ago > 5 years ago □ □ Nasopharyngeal culture obtained? If yes, date of culture: _/_/Result: □ Positive □ Negative □ Unknown □ □ Oropharyngeal (throat) culture obtained If yes, date of culture: //Result: □ Positive □ Negative □ Unknown Antibiotic prophylaxis received: □ □ □ □ Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixime □ □ □ □ Penicillin (Bicillin, Pfizerpen-AS, Wycillin) □ Clarithromycin/azithromycin □ □ □ □ Other (specify): □ □ □
Contact 4: Name:Date of Birth: / / Age: Relation to Case:
Y N U Address: Phone number:
□ □ Vaccinated? If yes, number of lifetime doses: Last dose: □ ≤ 5 years ago > 5 years ago □ □ Nasopharyngeal culture obtained? If yes, date of culture: _/_/Result: □ Positive □ □ Negative □ □ □ Oropharyngeal (throat) culture obtained If yes, date of culture: //Result: □ Positive □ □ Negative □ <t< td=""></t<>
□ Cotrimoxazole (Bactrim/Septra) □ Penicillin (Bicillin, Pfizerpen-AS, Wycillin) □ Clarithromycin/azithromycin □ Tetracycline/Doxycycline □ Other (specify): □ Unknown
Contact 5: Name: Date of Birth: / / Age: Relation to Case:
YNU Address:Phone number:
 □ □ □ Vaccinated? If yes, number of lifetime doses:Last dose: □ ≤ 5 years ago □ □ □ Nasopharyngeal culture obtained? If yes, date of culture: _ /Result: □ Positive □ Negative □ Unknown □ □ □ Oropharyngeal (throat) culture obtained If yes, date of culture: / /Result: □ Positive □ Negative □ Unknown
Antibiotic prophylaxis received: Erythromycin (incl pediazole, ilosone) Amoxicillin/Ampicillin/Augmentin/Celclor/Cefixime Cotrimoxazole (Bactrim/Septra) Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Clarithromycin/azithromycin Tetracycline/Doxycycline Other (specify): Unknown