CDC Diphtheria Worksheet

Appendix 3

PATIENT INFORMATION

Date of Request (Month / Day / Year)

Name (Last, First)

Birth Date (Month / Day / Year)

Age (Unk = 999)

Age Type
0 = 0-120 years
1 = 0-11 months
2 = 0-52 weeks
3 = 0-28 days
9 = Age unknown

Sex
M = Male
F = Female
U = Unknown

Pregnant?
Y = Yes
N = No
U = Unknown

Race
N = Native Amer./Alaskan Native
A = Asian/Pacific Islander
B = African American
W = White
O = Other
U = Unknown

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

Address (Street and No.)

County

State

Zip

Phone

Date Symptom onset (Month / Day / Year)

Date First Diagnosis (Month / Day / Year)

Date Hospitalized (Month / Day / Year)

History of immunization against diphtheria

Childhood primary series
Y = Yes
N = No
U = Unknown

If < 18 years old, number of doses

Boosters as adult
Y = Yes
N = No
U = Unknown

Date of last dose (Month / Day / Year) **Or** U = Unk

Description of Clinical Picture

Outcome
N = Recovered, No Residua
R = Recovered, Residua
D = Died
U = Unknown

CLINICAL INFORMATION

Enter Y = Yes, N = No, or U = Unknown in the boxes below unless otherwise indicated

Symptoms

- Fever
- Sore throat
- Difficulty swallowing
- Change in voice
- Shortness of breath
- Weakness
- Fatigue
- Other

Fever

If Yes, Temp _____ ° F / C

Membrane present?

If Yes, Sites
- Tonsils
- Soft Palate
- Hard Palate
- Larynx
- Nares
- Nasopharynx
- Conjunctiva
- Skin

Signs

Soft tissue swelling (Around membrane)

Neck edema?

If Yes,
B = Bilateral
L = Left side only
R = Right side only

If Yes, Extent
S = Submandibular only
M = Midway to clavicle
C = To clavicle
B = Below clavicle

- Stridor
- Wheezing
- Palatal weakness
- Tachycardia
- EKG abnormalities

Complications

- Complications
- Airway obstruction
  - Date of onset (Month / Day / Year)
- Intubation required
- Myocarditis
  - Date of onset (Month / Day / Year)
- (Poly)neuritis
  - Date of onset (Month / Day / Year)
- Other
  - Describe:

LABORATORY

Specimen for diphtheria culture obtained
Y = Yes
N = No
U = Unknown

If Yes, date specimen obtained (Month / Day / Year) **Or** U = Unk

Culture result
P = Positive
N = Negative
U = Unknown

Specify lab performing culture:

If culture positive, biotype
M = Mitis
G = Gravis
I = Intermedious
B = Belfanti

If culture positive, results of toxigenicity testing
X = Not done
P = Positive
N = Negative
U = Unknown

Specimen sent to CDC Diphtheria Lab for confirmation/molecular typing
Y = Yes
N = No
W = Will be Sent

Type of specimen (Check all that apply)
- Clinical swab
- Piece of membrane
- *C. diphtheria* isolate

Serum Specimen for Diphtheria Antitoxin Antibodies Obtained?
Y = Yes
N = No
U = Unknown

PCR Result
P = Positive
N = Negative
U = Unknown
X = Not Done

ANTIBIOTICS

Treated with Antibiotics?
Y = Yes
N = No
U = Unknown

As an Outpatient
If Yes, Date Initiated (Month / Day / Year)

Antibiotic
See Codes Below

Duration of Therapy (Days)

Antibiotic Therapy in Hospital?
Y = Yes
N = No

As an Inpatient
If Yes, Date Initiated (Month / Day / Year)

Antibiotic
See Codes Below

Duration of Therapy (Days)

Were Antibiotics Given in the 24 Hours Before Culture?
Y = Yes
N = No
U = Unknown

Antibiotic Codes

1 = Erythromycin (incl. Pediazole, ilosone)
2 = Penicillin (Bicillin, Pfizerpen-AS, Wycillin)
3 = Amoxicillin/Ampicillin/Augentin/Ceclor/Cefixime
4 = Clarithromycin/azithromycin
5 = Cotrimoxazole (bactrim/septra)
6 = Tetracycline/Doxycycline
7 = Other
9 = Unknown

EXPOSURE

Country of Residence
☐ U = US
O = Other

If Other, Country Name:

Date of U.S. Arrival
Month Day Year
OR ☐ U = Unknown

History of International Travel? (2 Weeks Prior to Onset)
☐ Y = Yes
N = No
U = Unknown

Country(s) Visited

	From Month	From Day	From Year	To Month	To Day	To Year

History of Interstate Travel? (2 Weeks Prior to Onset)
☐ Y = Yes
N = No
U = Unknown

State(s) Visited

	From Month	From Day	From Year	To Month	To Day	To Year

Known Exposure to Diphtheria Case or Carrier?
☐ Y = Yes
N = No
U = Unknown

Known Exposure to International Travelers?
☐ Y = Yes
N = No
U = Unknown

Known Exposure to Immigrants?
☐ Y = Yes
N = No
U = Unknown

REPORTING INFO

Has this Suspected Case been Reported to the State or Local Health Department?
☐ Y = Yes
N = No
U = Unknown

Date Reported to State or Local Health Department
Month Day Year

Person Informed: Phone: Fax:

Reporting Physician: Phone: Fax:

REQUESTING PHYSICIAN

Name

Institution

Street

City State Zip code

Phone: Fax:

Name of Investigator under the IND
(If different from requesting physician)
Phone: Fax:

SHIP DRUG TO:

Name

Attn:

Institution

Street

City State Zip code

Phone: Fax:

DOSE

Amount of DAT Administered: ☐☐☐,☐☐☐ IU DAT

DISPOS.

Final Diagnosis:

How was the final diagnosis confirmed?

Final Case Disposition
☐ C = Confirmed
P = Probable
N = Not a Case

Information for Close Contacts*
Diphtheria

*Close Contact = Household members and others with a history of direct contact with a case-patient, and medical staff exposed to oral or respiratory secretions of a case-patient

CONTACT INFORMATION

Name ______ Age ______ Relation to Case ______

Vaccinated? ☐ Y = Yes N = No U = Unknown | If Vaccinated, Number lifetime of Doses ☐ U = Unknown L = < 3 Doses U = Unknown | If Vaccinated, Last Dose ☐ L = =5 Years Ago G = > 5 Years Ago | Nasopharyngeal Culture Obtained? ☐ Y = Yes N = No U = Unknown | Oropharyngeal (Throat) Culture Obtained? ☐ Y = Yes N = No U = Unknown | Date of Culture ☐☐ ☐☐ ☐☐ Month Day Year | Results ☐ P = Positive N = Negative U = Unknown | Antibiotic Prophylaxis ☐ See Codes Below

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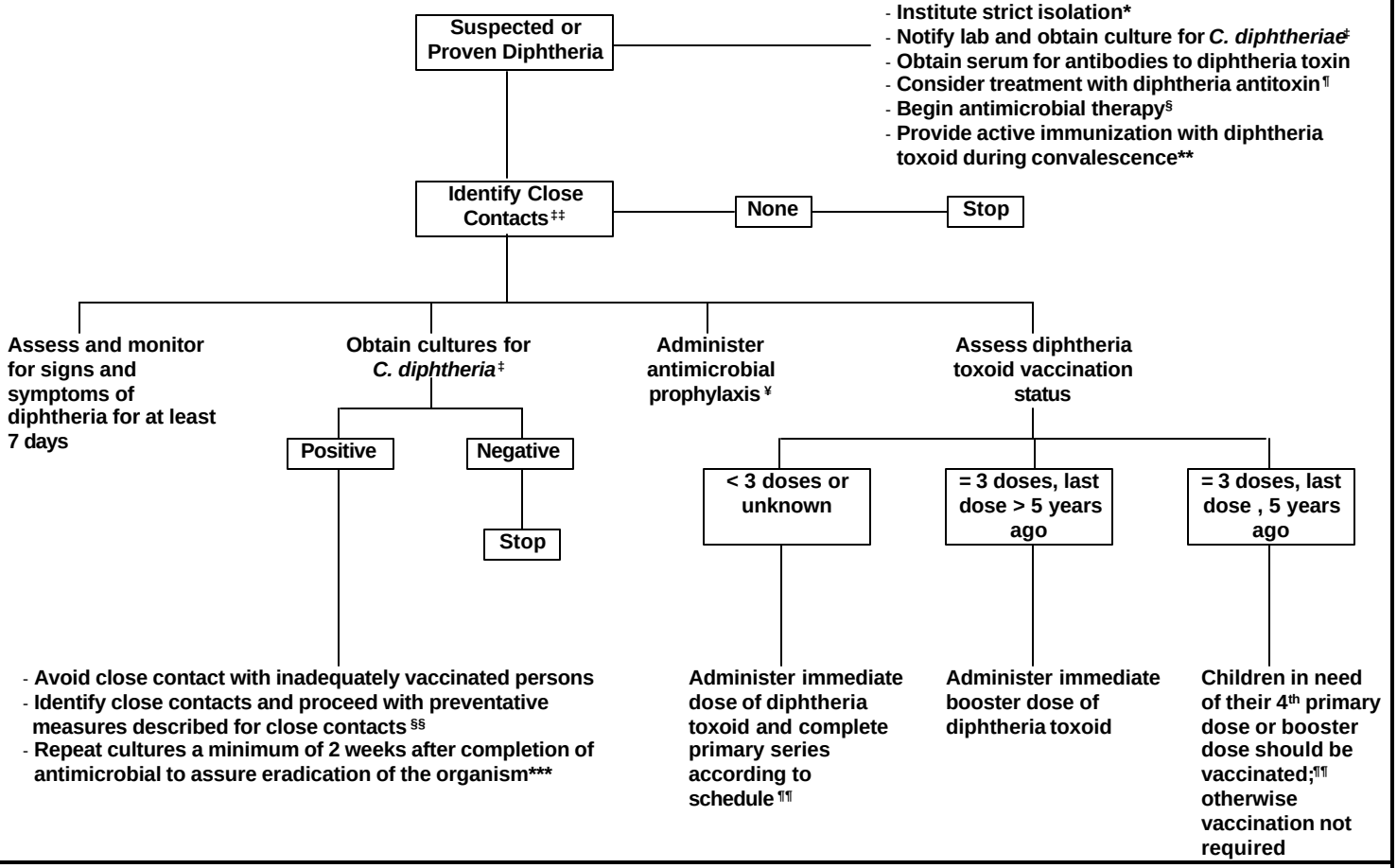
CONTACT INFORMATION



***** Maintain isolation until elimination of the organism is demonstrated by negative cultures of two samples obtained at least 24 hours apart after completion of antimicrobial therapy.

‡ Both nasal and pharyngeal swabs should be obtained for culture.

¶ If equine diphtheria antitoxin is needed, contact your State Health Department. Before administration, patients should be tested for sensitivity to horse serum and, if necessary, desensitized. The recommended dosage and route of administration depend on the extent and duration of disease. Detailed recommendations can be obtained from the package insert and other publications.

§ Antimicrobial therapy is not a substitute for antitoxin treatment. Intramuscular procaine penicillin G (25,000–50,000 unites/[kg/d] for children and 1.2 million units/d for adults, in two divided doses) or parenteral erythromycin in four divided doses or oral penicillin V (125–250 mg four times daily) may be substituted for a recommended total treatment period of 14 days.

****** Vaccination is required because clinical diphtheria does not necessarily confer immunity.

‡‡ Close contacts include household members and other persons with a history of direct contact with a case-patient (e.g. caretakers, relatives, or friends who regularly visit the home) as well as medical staff exposed to oral or respiratory secretions of a case-patient.

¥ A single dose of intramuscular benzathine penicillin G (600,000 units for persons < 6 years of age and 1.2 million units for persons = 6 years of age: or a 7- to 10-day course of oral erythromycin (40 mg/[kg/d]) for children and 1 g/d for adults) has been recommended.

§§ Preventative measures may be extended to close contacts of carriers but should be considered a lower priority than control measures for contacts of each case.

*******Persons who continue to harbor the organism after treatment with either penicillin or erythromycin should receive an additional 10-day course of oral erythromycin and should submit samples for follow-up cultures.

¶¶ Refer to published recommendations for the schedule for routine administration of DTP.

Farizo KM, Strebel PM, Chen RT, et al. Fatal respiratory disease due to *Corynebacterium diphtheriae*: Case report and review of guidelines for management, investigation, and control. *Clin Infect Dis* 1993;16:59-68.