

OUTCOME

Date of 60 day follow up:

Sites of paralysis: 1 - spinal 2 - bulbar 3 - spino-bulbar

Specific sites:

60-day residual: 1- None
 2 - Minor (any minor involvement)
 3 - Significant (\leq 2 extremities, major involvement)
 4 - Severe (\geq 3 extremities and respiratory involvement)
 5 - Death
 9 - Unknown

Date of Death:

IMMUNIZATION HISTORY

TOPV prior to onset of symptoms: If yes, date: Lot#

MOPV - total doses ever received: Dates:

TOPV - total doses ever received: Dates:

IPV - total doses ever received: Dates:

Total number of simultaneous injections at the time of polio vaccination:

Injection(s) 30 days prior to illness onset:

Date of first injection:

Injected Substance Coding: First Injected substance:

1= vaccine

2=antibiotic

3=other

Site of first injection:

Injection Site Coding:

1=left deltoid

2=right deltoid

3=left thigh

4=right thigh

5=left gluteal

6=right gluteal

Date of second injection:

Second injected substance:

Site of second injection:

Date of third injection:

Third injected substance:

Site of third injection:

Date of fourth injection:

Fourth injected substance:

Site of fourth injection:

EXPOSURE HISTORY

Case/HH member travel to endemic/epidemic area:

If yes, who:

Where:

When:

Case/HH member exposure to person(s) from or returning from endemic areas:

If yes, who:

Where:

When:

Case/HH contact with known case:

If yes, who:

Where:

When:

Case had contact with OPV recipient:

If yes, Household contact:	Date:	Age:	Relation:
Non-household contact:	Date:	Age:	Relation:
Date contact received OPV:	Dose #:	Lot#	

Case had contact with IPV recipient:

Date contact received first IPV:
Date contact received second IPV:
Date contact received third IPV:
Date contact received fourth IPV:
Lot # of most recent IPV:

STATE OR LOCAL LABORATORY

Serum specimens submitted:

<u>Lab Name</u>	<u>Test (Neut, CF)</u>	<u>Date Drawn/</u>	<u>Date Obtained</u>	<u>P1</u>	<u>P2</u>	<u>P3</u>
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Serum 1:

Serum 2:

Appendix 14

Specimens submitted for isolation:

<u>Lab Name</u>	<u>Specimen type</u>	<u>Date Obtained</u>	<u>Results</u>
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1.

2.

CDC LABORATORY

Serum specimens sent to CDC:

Date Received:

<u>Test</u>	<u>Date Obtained</u>	<u>P1</u>	<u>P2</u>	<u>P3</u>
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Serum 1:

Serum 2:

Specimens for polio virus isolation sent to CDC:

Date Received:

<u>Specimen type</u>	<u>Date Obtained</u>	<u>Result (viral type)</u>
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Strains characterization results - oligonucleotide
- genomic sequencing
- polymerase chain reaction

SPECIAL INVESTIGATIONS

EMG conducted:

Date:

Results:

Nerve Conduction:

Date:

Results:

Immune deficiency diagnosed prior to OPV exposure:

If yes, diagnosis:

Immune Studies performed:

HIV status: (Positive, Negative, Unknown)

ADDITIONAL COMMENTS