ANNEX 2. Example of Diphtheria Notification and Investigation Form

[Name of institution]

Notification and Investigation form – DIPHTHERIA

Case number			
State/Province		District	
Municipality		Neighborhood/Landmarks	
Informant		Telephone	
Service			

I. CASE IDENTIFICATION

First and last name					
Address					
Telephone					
Mother's name		Father's name			
Sex	☐ Male ☐ Female	Date of birth	Day	Month	Year
If date of birth unavailable, age	Years _____	Months _____	Days _____		

II. BACKGROUND

Date of symptom onset	Day	Month	Year	Consultation date	Day	Month	Year
Notification date	Day	Month	Year	Investigation date	Day	Month	Year
Case identified by:	☐ Spontaneous consultation (passive)			☐ Institutional search	☐ Community search		
Contact with confirmed case	☐ Yes ☐ No ☐ Unk			Attendance at school, kindergarten, or day care	☐ Yes ☐ No ☐ Unk		
Number of diphtheria vaccine doses	☐ 0 ☐ 1 ☐ 2 ☐ ≥ 3 ☐ Unknown			Date of last dose	Day	Month	Year
Type of vaccine:	☐ DTP ☐ Pentavalent ☐ Other_____			Vaccination information obtained by:	☐ Vaccination card ☐ Health services ☐ Parents or another adult		

III. CLINICAL DATA, FOLLOW-UP AND TREATMENT

Signs and symptoms		**Complications**	
Fever (grade _____)	☐ Yes ☐ No ☐ Unk	Neurological	☐ Yes ☐ No ☐ Unk
Tonsillitis	☐ Yes ☐ No ☐ Unk	Cardiac	☐ Yes ☐ No ☐ Unk
Pharyngitis	☐ Yes ☐ No ☐ Unk	Renal	☐ Yes ☐ No ☐ Unk
Laryngitis	☐ Yes ☐ No ☐ Unk	Tracheotomy	☐ Yes ☐ No ☐ Unk
Membranes (where _____)	☐ Yes ☐ No ☐ Unk	Other complications	☐ Yes ☐ No ☐ Unk
Thoracic retraction	☐ Yes ☐ No ☐ Unk	Other symptoms and complications:	

Hospitalization	☐ Yes ☐ No ☐ Unk	Admission date	Day	Month	Year
Name of hospital		Registry/history #			
Final status	☐ Recovered ☐ Transferred to _____ ☐ Dead ☐ Unknown	Date of discharge/death	Day	Month	Year

Antibiotics	☐ Yes ☐ No ☐ Unk	Type of antibiotics			
Duration of antibiotic therapy (days)		Date of last antibiotic dose	Day	Month	Year
Antitoxin	☐ Yes ☐ No ☐ Unk				
Dose of antitoxin		Date of antitoxin	Day	Month	Year
Other treatment:					

Example of Diphtheria notification and investigation form. In: Control of diphtheria, pertussis, tetanus, Haemophilus influenzae type B, and hepatitis B: field guide. Washington (DC): Pan American Health Organization; 2005: Annex 2 (Scientific and Technical Publication, No. 604;http://iris.paho.org/xmlui/handle/123456789/46726)

IV. SAMPLES AND LABORATORY ANALYSIS

	SAMPLE 1	SAMPLE 2	SAMPLE 3	SAMPLE 4
Type of sample	☐ Nasopharyngeal ☐ Membrane ☐ Serum ☐ Other: _____	☐ Nasopharyngeal ☐ Membrane ☐ Serum ☐ Other: _____	☐ Nasopharyngeal ☐ Membrane ☐ Serum ☐ Other: _____	☐ Nasopharyngeal ☐ Membrane ☐ Serum ☐ Other: _____
Identification #				
Date taken	Day Month Year	Day Month Year	Day Month Year	Day Month Year
Date sent				
FOR LABORATORY USE				
Date received	Day Month Year	Day Month Year	Day Month Year	Day Month Year
Laboratory name				
Identification # in laboratory				
Type of test				
Results	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed
If *C. diphtheriae* was isolated, toxigenicity	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed	☐ Positive ☐ Negative ☐ Undetermined ☐ Not processed
Result dates	Day Month Year	Day Month Year	Day Month Year	Day Month Year

V. CLASSIFICATION

Final classification	☐ Laboratory confirmation ☐ Confirmed by epidemiological association ☐ Probable ☐ Discarded, final diagnosis: _____	Date classified	Day Month Year
Classified by (Name)			

Investigator		Telephone	
Institution			
Signature		Date	

Observations: .....

Example of Diphtheria notification and investigation form. In: Control of diphtheria, pertussis, tetanus, Haemophilus influenzae type B, and hepatitis B: field guide. Washington (DC): Pan American Health Organization; 2005: Annex 2 (Scientific and Technical Publication, No. 604; http://iris.paho.org/xmlui/handle/123456789/46726)