**74**

CONTROL OF DIPHTHERIA, PERTUSSIS, TETANUS, *HAEMOPHILUS INFLUENZAE* TYPE B, AND HEPATITIS B: FIELD GUIDE

**Annex 2. Example of Diphtheria Notification and Investigation**

**Form**

**Notification and Investigation Form - DIPHTHRIA**

[Name of institution

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

Day

Month

Year

Day

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of symptom onset | Day | Month | Year | Consultation data | Day | | Month | Year | |
| Notification date | Day | Month | Year | Investigation data | Day | | Month | Year | |
| Case identified by: | Spontaneous consultation (passive) | | | Institutional search | Institutional 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 Pantavalent  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)](http://iris.paho.org/xmlui/handle/123456789/46726))

ANNEX 2

**74**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |

**IV. SAMPLES AND LABORATORY ANALYSIS**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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