**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%29)

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 wasisolated, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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%29)