

DIPHTHERIA - CASE INVESTIGATION FORM

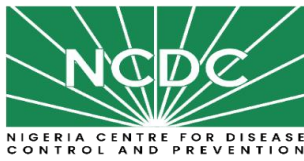
Epid. Number: NIE/___/___/___

Reporting LGA:	State of report:	Reporting health facility:
Name(s) of patient:	Date of birth (day/month/year):	Age in years: Age in months:
Sex (M/F):	Date form received at state level (day/month/year):	Date form received at national level (day/month/year):

PATIENT'S RESIDENCE:		
Village/settlement:	Urban/Rural:	Ward:
LGA of Residence:	State of Residence:	Phone number of parent/guardian:

SIGNS AND SYMPTOMS					
Date seen at health facility (day/month/year):	Date health facility notified LGA (day/month/year):		Date of onset of symptoms (day/month/year):		
Sign/Symptom <i>(Tick as appropriate)</i>	Present	Absent	Sign/Symptom	Present	Absent
Fever:	[]	[]	Pharyngitis/Tonsilitis:	[]	[]
Neck swelling:	[]	[]	Laryngitis:	[]	[]
Bleeding (from orifices)	[]	[]	Adherent pseudo-membrane:	[]	[]
Skin lesions:	[]	[]	Other symptoms:		
Location of pseudo-membrane (Pharynx, Nasal, Tonsils, etc.)					

HOSPITALIZATION HISTORY	
Hospitalization status (In-patient or Out-patient):	Date of hospital admission (day/month/year):
Outcome (1=Alive; 2=Dead; 3=Unknown):	Date of death (day/month/year):
Antibiotics (Name, None, Unknown): Date of first dose (day/month/year):	
Antitoxin (Yes, No, Unknown): Date of antitoxin (day/month/year):	



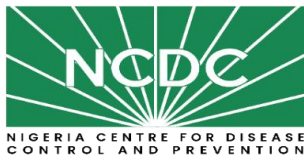
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VACCINATION HISTORY	Pentavalent vaccine	TD vaccine
Number of diphtheria-containing vaccine doses received prior to onset of illness (0, 1, 2, 3, >3, Unknown):		
Date of last vaccination (day/month/year):		
Source of vaccination history (vaccination card or verbal recall):		

EPIDEMIOLOGICAL HISTORY	
History of travel in the last 10 days (1=Yes; 2=No)	
If yes to above, where?	
History of contact with anyone with similar symptoms/confirmed diphtheria case in the last 10 days (1=Yes; 2=No)	
Location of contact(s)	

SAMPLE COLLECTION AND TRANSPORTATION	
Specimen collected: Yes []	No [] Unknown []
Specimen source:	Nasopharyngeal [] Pharyngeal []
Date specimen collection (day/month/year):	
Date form sent from LGA to state (day/month/year):	
Date form received at state level (day/month/year):	
Date specimen sent to Lab (day/month/year):	
Date lab received specimen (day/month/year):	
Specimen condition (1=adequate; 2=not adequate)	
Name of laboratory:	
Culture Result (Tick as Appropriate)	
Positive: - <i>Corynebacterium diphtheriae</i> [] - <i>Corynebacterium ulcerans</i> [] - <i>Corynebacterium pseudotuberculosis</i> []	Negative: [] Unknown/Indeterminate: [] Other lab results:
Date lab sent results to LGA (day/month/year):	
Date LGA received lab results (day/month/year):	



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CONFIRMATORY LABORATORY TESTING (NATIONAL REFERENCE LAB)	
Specimen source (nasopharyngeal; pharyngeal):	
Date specimen sent to lab (day/month/year):	
Date lab received specimen (day/month/year):	
Specimen condition (1=adequate; 2=not adequate)	
Name of laboratory:	
Culture Result (Tick as Appropriate)	
Positive: - <i>Corynebacterium diphtheriae</i> [] - <i>Corynebacterium ulcerans</i> [] - <i>Corynebacterium pseudotuberculosis</i> []	Negative: [] Unknown/Indeterminate: [] Other lab results:
Elek Test (Tick as Appropriate)	
1=Positive []; 2=Negative []; 3=Not done []; 4=Unknown/Indeterminate []	
PCR (Tick as Appropriate) - differentiate if PCR targets <i>C. diphtheriae</i> or tox	
1=Positive []; 2=Negative []; 3=Not done []; 4=Unknown/Indeterminate []	
Date lab sent results to state (day/month/year):	
Date state received lab results (day/month/year):	

FINAL CLASSIFICATION	
1 = Lab Confirmed	[]
2 = Epidemiologically linked	[]
3 = Clinically compatible	[]
4 = Discarded	[]
5 = Pending (Suspected with specimen lab results pending)	[]