Revised July 2017



Classification ☐ Confirmed ☐ Probable By: ☐ Lab ☐	☐ Outbreak-related ☐ Clinical ☐ Epi Link ☐ VIDOH Outbreak #
REPORT SOURCE	
LHJ notification date// Investigation start date/ Reporter (check all that apply)	Reporter phone
OK to talk to case? ☐Yes ☐No ☐DK Date of interview	
PATIENT INFORMATION	
Name (last, first)	Birth date/ Age
Address	□ Hamalasa
City/(E)State/Zip	Gender F M Other Oth
Phone(s)/Email	│ Ethnicity ∐ Hispanic or Latino
Alt. contact ☐ Parent/guardian ☐ Spouse☐ Other Name:	- Not Thopanic of Eatino - Onk
Zip code (school or occupation): Phone:	Race (check all that apply)
Occupation/grade	— — — — — — — — — — — — — — — — — — —
Employer/worksite School/child care name _	□ White □ Other □ Unk
CLINICAL INFORMATION	
	Illness duration: days
Signs and Symptoms Y N DK NA Fever Highest measured temp: °F Type: Oral Rectal Other: Unk Moderate to severe sore throat Difficulty breathing Neck swelling Runny nose (coryza) Drainage from ears Skin ulcer Predisposing Conditions Y N DK NA Respiratory infection Heavy drinker If child, parent is heavy drinker	Vaccination Y N DK NA □ □ □ Ever received diphtheria containing vaccine Number of doses diphtheria vaccine prior to illness: Dose 1 Type: Date received: /_/_ Dose 2 Type: Date received: /_/_ Dose 3 Type: Date received: /_/_ Dose 4 Type: Date received: /_/_ Dose 5 Type: Date received: /_/_ Dose 6 Type: Date received: /_/_/
Clinical Findings Y N DK NA Stridor Pharyngitis Adherent gray nasopharyngeal membrane Bloody nasal discharge Bar drainage Myocarditis Polyneuritis Cutaneous (note that skin lesion alone does not	□ □ Vaccine up to date for diphtheria Vaccine series not up to date reason: □ □ Religious exemption □ Philosophical exemption □ Previous infection confirmed by laboratory □ Previous infection confirmed by physician □ Parental refusal □ Other:
meet definition for reportable diphtheria) Hospitalization Y N DK NA	Collection date// P = Positive

Washington State Department of Health			Case Name:			
INFECTION TIME	LINE					
Enter onset date (fi	iirst Days from	Exposure period	o n	Contagious period*		
sx) in heavy box. Count forward and		-10 -1	s e	<u><</u> 14 days		
backward to figure probable exposure			_ t _	Rare chronic carriers may shed organism for 6	6+ months.	
contagious periods			If	f treated, shedding terminates promptly after ir		
EVPOSURE (Pote	er to dates above)		et	ffective antibiotic therapy.		
Y N DK NA	er to dates above)		Y N DK NA	A		
	avel out of the state, out	of the country, or		Congregate living Type:		
	outside of usual routine		☐ Barracks ☐ Corrections ☐ Long term care			
	ut of: County St		☐ Dormitory ☐ Boarding school ☐ Camp			
De	estinations/Dates:		Shelter Other:			
	reign arrival (e.g. immig	rant, refugee, adoptee,	□ □ □ Exposure setting identified: □ Child care □ School □ Doctor's office			
		/:	☐ Hospital ward ☐ Hospital ER			
	oes the case know anyor					
	mptoms or illness		☐ College ☐ Work ☐ Military			
_	□ □ □ Epidemiologically linked directly to a culture			☐ Correction facility ☐ Church		
	PCR confirmed case ontact with lab confirmed	l case	☐ International travel			
	ge of person from whom		☐ Other, specify: ☐ Unknown ☐ ☐ ☐ Unpasteurized milk (cow)			
	ohtheria: days/mo			Other unpasteurized milk (e.g. sheep, go	oat)	
		n care setting or as EMT		Unpasteurized dairy products (e.g. soft of	-	
	ring exposure period			from raw milk, queso fresco or food mad	e with	
Fa	icility name:			these cheeses)		
Where did expos	ure probably occur?	☐In USVI (ESTATE:)	☐ Unk	
Exposure details:	:					
□ No risk factors	s or exposures could b	e identified				
	not be interviewed	o idominiod				
PATIENT PROPH	YLAXIS/TREATMENT					
Y N DK NA	stibiotics properibed for t	oio illacco — Namer				
	ntibiotics prescribed for the time antibiotic treatments.	ent began://	AM P			
	phtheria antitoxin given	Date/time given:				
	ISSUES		PUBLIC HEAL			
Y N DK NA						
	ork/volunteer in health c ontagious: Facility name:			of appropriate contacts recommended ontacts receiving prophylaxis:		
	sited health care setting			contacts receiving propriyaxis		
	cility name:	-		ontacts completing prophylaxis:		
	umber of visits:		☐ Strict respira	atory isolation until 48 hours of treatment		
	ace to face contact with r			r for 14 days		
	ildren, women > than 7 i		NOTES			
	ners at risk for severe co					
	nployed in child care or ptends child care or preso					
	busehold member or clos					
	cupation or setting (HCV					
	ocumented transmission					
	Child care ☐ School					
	Hospital outpations clinic					
	Hospital outpatient clinic College ☐ Work ☐ N					
	Correction facility C	-				
	_	Other: 🔲 Unk				
Investigator		_ Phone/email:	1	Investigation complete data	, ,	
Investigator		_ r none/eman		Investigation complete date	<u>,</u>	
				Record complete date//		