

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-10 -1

onset

Contagious period*

≤14 days

Calendar dates:

* Rare chronic carriers may shed organism for 6+ months. If treated, shedding terminates promptly after initiation of effective antibiotic therapy.

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
- ☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
- ☐ ☐ ☐ ☐ **Epidemiologically linked directly to a culture or PCR confirmed case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
Age of person from whom this case contracted diphtheria: ____ days/months/years
- ☐ ☐ ☐ ☐ Work or volunteer in health care setting or as EMT during exposure period
Facility name: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Congregate living Type:
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Exposure setting identified:
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel
☐ Other, specify: _____ ☐ Unknown
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

Where did exposure probably occur? ☐ In USVI (ESTATE: _____) ☐ US but not USVI ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified☐ Patient could not be interviewed**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date/time antibiotic treatment began: ____/____/____ AM PM # days antibiotic actually taken: _____
- ☐ ☐ ☐ ☐ Diphtheria antitoxin given Date/time given: ____/____/____ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Work/volunteer in health care setting while contagious: Facility name: _____
- ☐ ☐ ☐ ☐ Visited health care setting while contagious
Facility name: _____
Number of visits: _____ Date(s): ____/____/____
- ☐ ☐ ☐ ☐ Face to face contact with newborns, unimmunized children, women > than 7 months pregnant or others at risk for severe complications
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Documented transmission from this case
☐ Child care ☐ School ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient clinic ☐ Home
☐ College ☐ Work ☐ Military
☐ Correction facility ☐ Church
☐ International travel ☐ Other: _____ ☐ Unk

PUBLIC HEALTH ACTIONS

- ☐ Prophylaxis of appropriate contacts recommended
Number of contacts receiving prophylaxis: _____
Number of contacts recommended prophylaxis: _____
Number of contacts completing prophylaxis: _____
- ☐ Strict respiratory isolation until 48 hours of treatment completed or for 14 days

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____
Record complete date ____/____/____