Diphtheria surveillance report: The case

LEB-A36-|__|__|__|__|-|__|__|

1 *Patient ID*

Patient ID	LEB-A36-|__|__|__|__|-|__|__|
Patient initial	|__|__|-|__|__|
Gender	□Male □Female
Date of birth	|__|__|dd-|__|__|mm-|__|__|__|__|yyyy
Age	|__|__|years-|__|__|months

2 *Care Provider*

Hospital name	|_____|
Clinician name	|_____|
Clinician Order No.	|__|__|-|__|__|__|__|
Clinician Tel	|__|__|-|__|__|__|__|__|__|

3 *Patient Residence*

Address: Mohafazat	|_____|
Address: Caza	|_____|
Address: Locality	|_____|
Tel	|__|__|-|__|__|__|__|__|__|

4 *Patient Occupation*

Occupation	|_____|
Institution	|_____|
Institution type	□Educational □Health care □Day care
Address: Mohafazat	|_____|
Address: Caza	|_____|
Address: Locality	|_____|
Tel	|__|__|-|__|__|__|__|__|__|

5 *Patient Vaccination Status*

Vaccination documentation □Health document □Vaccination card □No document

	Y/N			*Date*	*Dose type*	*Where*
	Yes	*No*	*Unsp*			
Primary immunization:						
First	□	□	□			
Second	□	□	□			
Third	□	□	□			
Boosters:						
First	□	□	□			
Second	□	□	□			

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6 *Preliminary History*

Onset date of symptoms |__|__|-|__|__|-|__|__|__|__|
Date first seen by doctor |__|__|-|__|__|-|__|__|__|__|

Was patient hospitalized? ☐Yes ☐No ☐Unsp
If yes, date hospitalized |__|__|-|__|__|-|__|__|__|__|

Has the patient been admitted to intensive care? ☐Yes ☐No ☐Unsp
If yes, date admitted |__|__|-|__|__|-|__|__|__|__|

Has the patient been placed on a ventilator? ☐Yes ☐No ☐Unsp
If yes, date intubated |__|__|-|__|__|-|__|__|__|__|

7 *Clinical History*

Briefly describe history and general symptom progression

8 *Specific Symptom History*

Fever	☐Yes	☐No	☐Unsp
Sore throat	☐Yes	☐No	☐Unsp
Difficulty swallowing	☐Yes	☐No	☐Unsp
Change in voice	☐Yes	☐No	☐Unsp
Shortness of breath	☐Yes	☐No	☐Unsp
Weakness	☐Yes	☐No	☐Unsp
Fatigue	☐Yes	☐No	☐Unsp
Other	☐Yes	☐No	☐Unsp

Paralysis ☐Yes ☐No ☐Unsp
If yes, describe paralysis

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9 Vital Signs on Admission

Temperature	|__|__|.|__|ºC
Blood pressure	|__|__|__|/|__|__|__| mmHg
Heart rate	|__|__|__|/mn
Respiratory rate	|__|__|/mn

10 Physical Examination Findings

Membrane present	□Yes	□No	□Unsp
If yes, specify site: Tonsils	□Yes	□No	□Unsp
Soft palate	□Yes	□No	□Unsp
Hard palate	□Yes	□No	□Unsp
Larynx	□Yes	□No	□Unsp
Nares	□Yes	□No	□Unsp
Nasopharynx	□Yes	□No	□Unsp
Conjunctiva	□Yes	□No	□Unsp
Skin	□Yes	□No	□Unsp
Neck edema	□Yes	□No	□Unsp
If yes, specify: Bilaterality	□Bilateral	□Left	□Right
Extension	□Submandibular only	□Midway to clavicle	□Unsp
	□Below clavicle	□To clavicle	
Stridor	□Yes	□No	□Unsp
Wheezing	□Yes	□No	□Unsp
Palatal weakness	□Yes	□No	□Unsp

11 Complications

Airway obstruction	□Yes	□No	□Unsp
Myocarditis	□Yes	□No	□Unsp
If yes, specify: EKG abnormalities	□Yes	□No	□Unsp
Polyneuritis	□Yes	□No	□Unsp
If yes, specify: Lower limbs	□Yes	□No	□Unsp
Upper limbs	□Yes	□No	□Unsp
Troncus	□Yes	□No	□Unsp
Respiratory command	□Yes	□No	□Unsp
Other	□Yes	□No	□Unsp

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12 Laboratory Results

a) **Was specimen for diphtheria culture obtained?** ☐Yes ☐No ☐Unsp
If yes, Date |__|__|-|__|__|-|__|__|__|__|
Specimen site and type |_____|
Local laboratory |_____|
Culture result ☐Positive ☐Negative ☐Unsp

b) **If positive culture:**

Biotype	☐Mitis	☐Gravis	☐Intermedious
	☐Belfanti	☐Unsp	
Toxigenicity testing result	☐Yes	☐No	☐Not done

c) **Was specimen sent to reference laboratory?** ☐Yes ☐No ☐Unsp
If yes, reference lab |_____|
Date |__|__|-|__|__|-|__|__|__|__|

Specimen type	☐Isolate	☐Clinical sawb	☐Membrane
Specimen details	|_____|		
Confirmation	☐Yes	☐No	☐Unsp
Biotype	☐Mitis	☐Gravis	☐Intermedious
	☐Belfanti	☐Unsp	
Toxigenicity testing result	☐Yes	☐No	☐Unsp
PCR	☐Yes	☐No	☐Unsp

13 Treatment

a) **ATB**
Date starting ATB |__|__|-|__|__|-|__|__|__|__|
ATB used
☐Erythromycin
☐Penicillin
☐Amoxicillin/Amipicilin/Augmentin/Ceclor/Cefixime
☐Clarithromycin
☐Cotrimoxazole
☐Tetracycline/Doxycyline
☐Other, specify:

b) **Was Antitoxin given?** ☐Yes ☐No ☐Unsp
If yes, Date |__|__|-|__|__|-|__|__|__|__|
Quantity |_____|

c) **Was the patient isolated?** ☐Yes ☐No ☐Unsp
If yes, Date starting isolation |__|__|-|__|__|-|__|__|__|__|

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14 Exposure risk

a) Has the patient traveled away from Lebanon in the last month? ☐Yes ☐No ☐Unsp

If yes, specify:

Country	From	To
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|

b) Has the patient traveled in the country (different mohafazats) in the last month? ☐Yes ☐No ☐Unsp

If yes, specify:

Mohafazat (caza)	From	To
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|

c) Has the patient been a contact of a known diphtheria case ? ☐Yes ☐No ☐Unsp

If yes, specify, ID of the known case |_____|

d) Has the patient been a contact of a known diphtheria carrier or contact? ☐Yes ☐No ☐Unsp

If yes, specify, carrier name |_____|

Related to known diphtheria case ID |_____|

e) Has the patient been in the last month, a contact of the following? ☐Yes ☐No ☐Unsp

Similar case	☐Yes	☐No	☐Unsp
Foreign case	☐Yes	☐No	☐Unsp
Health care center / hospital	☐Yes	☐No	☐Unsp

15 Summary

Differential Diagnosis by Clinician

Patient Outcome/Status ☐Still admitted ☐Discharged ☐Died, date:

Classification: ☐Confirmed ☐Probable

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