

# Follow up confirmed Toxigenic corynebacterium diphtheriae infections

NHS Board

HPZone ref

Number

Week of notification

## Personal details:

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Reference Laboratory Number:

Date of Birth: - -

Patient's residence postcode:

Was the case notified? Yes

No

Nk

Date of statutory notification: - -

## Clinical information

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Did the patient have any symptoms? Yes No Nk

If yes, date of onset of first symptoms: - -

Sore throat Yes No Nk

Membrane Yes No Nk

Stridor Yes No Nk

Other symptoms Yes No Nk

If yes, please specify

Underlying immunosuppression Yes No Nk

If yes, please specify



## Management of case

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Did the patient receive antibiotics?	Yes	No	Nk	
Antibiotic (chronological order)			Duration (days)	Response (Yes/No)
Did the patient receive a booster dose of diphtheria vaccine?	Yes	No	Nk	
Did the patient receive diphtheria antitoxin?	Yes	No	Nk	
If yes, please specify the dose	IU	Date:	-	-
Was pre-booster or pre-antitoxin serum collected?	Yes	No	Nk	
If yes, please send a specimen to CPHL Respiratory & Systemic Infections Laboratory (RSIL), Colindale				

## Management of contacts

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How many household contacts were there?

Were there any other types of close contact apart from household? Yes No Nk

If yes, please describe

Were swabs taken from the close contacts? All Some None Nk

If yes, tick which site(s) were swabbed: Nose Throat Other

please specify

Were any swabs positive for *C. diphtheriae*? Yes No Nk

If yes, please state how many persons were positive for *C. diphtheriae*?

Was chemoprophylaxis recommended for close contacts? All Some None Nk

If all or some, what was recommended? Erythromycin IM Penicillin Other

If other, please specify

Were close contacts offered diphtheria vaccine? All Some None Nk

Were close contacts under clinical surveillance? All Some None Nk

Have clearance swabs been taken? All Some None Nk

If yes, please give results

Please return this questionnaire completed to [NSS.HPSimmunisation@nhs.net](mailto:NSS.HPSimmunisation@nhs.net) or click the button below.