


**DIPHTHERIA CASE INVESTIGATION AND
ENHANCED SURVEILLANCE FORM**

CIDR EVENT ID

PATIENT DETAILS

Surname	Forename	Sex
Address		
County	Eircode	
Date of Birth	Age in years	Age in months (for children ≤ 24 months)
Email	Telephone/Mobile	
Country of Birth		
Ethnicity	If Other ethnicity, please specify	
Employment status	Occupation	
Name and Address of occupation	Date of notification	

HOSPITAL AND GP DETAILS

Hospital (Current)	Referring Hospital
Consultant	Referring Consultant
Email	Date of First Admission
Patient Type	Date of Final Discharge
Hospital Chart Number	
GP	GP Telephone
	GP Address

SYMPTOMS

Date of onset of symptoms	Date of clinical diagnosis
Sore throat	
Stridor	Blood-stained nasal discharge
Swollen lymph nodes	General fatigue
Membrane	Submucosal or skin petechial haemorrhages
Fever	Conjunctival presentation
Blurred vision	Genital presentation
Hoarseness	Skin lesion(s)
Cough	If yes, skin lesion type, size of lesion, please describe
Swelling and oedema of the neck	
Paralysis of the soft palate	
Paralysis of diaphragm	

SYSTEMIC COMPLICATIONS

Does the case have any systemic complications?		
Intubation required	Myocarditis	Circulatory collapse
Renal insufficiency	Poly(neuritis)	Other, please describe
Airway obstruction	Motor paralysis	

UNDERLYING CONDITIONS

Underlying conditions and immunosuppression	
If other underlying conditions, please specify	
Pregnant	Number of weeks pregnant

LABORATORY INFORMATION

Specimen type(s)	If more than one or Other specimen, please specify	
Date specimen collected	Organism isolated (culture)	Date
Toxin gene result (PCR)	Date toxin gene result (PCR)	
Phenotypic toxin result	Date phenotypic toxin result	
Biotype	Ribotype	
Other laboratory test results, please specify		



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Whole genome sequencing (WGS) done?

Date WGS results

WGS summary results

Antibiotic resistance testing conducted?

Antibiotic resistance testing result

VACCINATION DETAILS

Has the patient been vaccinated against diphtheria?

Has the patient completed their primary diphtheria vaccinations?

How many boosters of diphtheria vaccine had the patient received PRIOR to onset of infection?

Date of last booster of diphtheria vaccine (if available)

Vaccine Type

If not fully immunised, reason for non-vaccination, if known

TRAVEL/TRANSMISSION

Has the case travelled outside the country within the last 3 months?

	Country	Date From	Date To
If "Yes", please specify country(ies) and dates of travel:			

Suspected Country of Infection

Date of entry/return to Ireland

Had the case close contact with individual(s) recently returned/arrived from an endemic country?

If "Yes", please specify country(ies)

Type of contact case had with returnee(s)

Household

Non-household

Congregate setting

Is there an epidemiological link to another confirmed case(s)?

Please provide information on Travel History in Ireland:

Location	Setting type	Date from	Date to

Current location

Date of arrival at current location

High Risk Settings

Site

Date from

Date to

Specify if case currently resides or attends High Risk Settings:


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Patient Name

***C. ulcerans* ONLY**

Does the patient have a history of:

Drinking raw milk

Contact with farm animal (e.g. cattle, sheep)

Eating raw milk products

Contact with other animals (e.g. horse)

Contact with domestic pets (e.g. dog, cat)

If "Yes", to any of the above, please specify

MANAGEMENT OF THE CASE
Antibiotics

Was the case infection treated with antibiotics?

If "Yes", list antibiotics, start date and duration of each treatment:

Antibiotic Name	Date started	Course duration (days)	Response
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Did the case respond to treatment?

Anti-toxin

Did the case receive diphtheria anti-toxin?

If yes, specify date and dose of diphtheria anti-toxin

Anti-toxin dose:

Date anti-toxin received

Was pre-anti-toxin serum collected?

Date pre-anti-toxin serum collected

Pre-anti-toxin serum results

Vaccination

Did the convalescent case receive diphtheria vaccine?

Was pre-vaccine serum collected?

Date pre-vaccine serum collected

Pre-vaccine serum results

OUTCOME

Outcome

Cause of death

Date of death

OUTBREAK INFORMATION

Is case part of an outbreak?

Outbreak identifier

Outbreak setting



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Patient Name

COMMENTS

Case definition in Ireland, Diphtheria

Clinical criteria

Any person with at least one of the following clinical forms:

Classic respiratory diphtheria:

An upper respiratory tract illness with laryngitis or nasopharyngitis or tonsillitis AND an adherent membrane/pseudomembrane

Mild respiratory diphtheria:

An upper respiratory tract illness with laryngitis or nasopharyngitis or tonsillitis WITHOUT an adherent membrane/pseudomembrane.

Cutaneous diphtheria: skin lesion

Diphtheria of other sites: lesion of conjunctiva or mucous membranes

Laboratory criteria

Isolation of toxin producing *C. diphtheriae*, *C. ulcerans* or *C. pseudotuberculosis* from a clinical specimen

Epidemiological criteria

An epidemiological link to a confirmed case (human or animal)

Case classification

A. Possible case

Any person meeting the clinical criteria for classical respiratory diphtheria

B. Probable case

Any person meeting the clinical criteria for diphtheria (classic respiratory diphtheria, mild respiratory diphtheria, cutaneous diphtheria, diphtheria of other sites) with an epidemiological link to a confirmed case (human or animal)

C. Confirmed case

Any person meeting the laboratory criteria and at least one of the clinical forms

Note:

Non toxigenic *C. diphtheriae*, *C. ulcerans* or *C. pseudotuberculosis* should not be notified

Link to case definition: <https://www.hpsc.ie/a-z/vaccinepreventable/diphtheria/casedefinition/>

Current as of: 24 January 2019

Note regarding ethnic identifier: This should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator.

Form completed by:

Contact telephone number:

Email:

Date of completion:

Thank you for completing this form. Please return the completed form to the Medical Officer of Health at your local Department of Public Health. For who to notify, see <https://www.hpsc.ie/notifiablediseases/whotonotify/>