### CDC Diphtheria Worksheet

**Date of Request**
- [ ] Month
- [ ] Day
- [ ] Year

**Name (Last, First)**
- [ ]

**Birth Date**
- [ ] Month
- [ ] Day
- [ ] Year
- [ ] Age
  - 0 = 0-120 years
  - 1 = 0-11 months
  - 2 = 0-52 weeks
  - 3 = 0-28 days
  - 9 = Age unknown

**Age**
- [ ]

**Age Type**
- [ ]
  - 0 = 0-120 years
  - 1 = 0-11 months
  - 2 = 0-52 weeks
  - 3 = 0-28 days
  - 9 = Age unknown

**Sex**
- [ ] M = Male
- [ ] F = Female
- [ ] U = Unknown

**Pregnant?**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Race**
- [ ] N = Native Amer./Alaskan Native
- [ ] A = Asian/Pacific Islander
- [ ] B = African American
- [ ] W = White
- [ ] O = Other
- [ ] U = Unknown

**Ethnicity**
- [ ] H = Hispanic
- [ ] N = Not Hispanic
- [ ] U = Unknown

**Address (Street and No.)**
- [ ]

**County**
- [ ]

**State**
- [ ]

**Zip**
- [ ]

**Phone**
- [ ]

**Date Symptom onset**
- [ ] Month
- [ ] Day
- [ ] Year

**Date Hospitalized**
- [ ] Month
- [ ] Day
- [ ] Year

**Childhood primary series**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Booster as adult**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Date of last dose**
- [ ] Month
- [ ] Day
- [ ] Year

**Description of Clinical Picture**

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**Symptoms**
- [ ] Fever
- [ ] Sore throat
- [ ] Difficulty swallowing
- [ ] Change in voice
- [ ] Shortness of breath
- [ ] Weakness
- [ ] Fatigue
- [ ] Other

**Signs**
- [ ] Soft tissue swelling
- [ ] Neck edema
- [ ] Membrane present?
- [ ] If Yes, Sites
  - [ ] Tonsils
  - [ ] Soft Palate
  - [ ] Hard Palate
  - [ ] Larynx
  - [ ] Nares
  - [ ] Nasopharynx
  - [ ] Conjunctiva
  - [ ] Skin
- [ ] If Yes, Extent
  - [ ] B = Bilateral
  - [ ] L = Left side only
  - [ ] R = Right side only
  - [ ] S = Submandibular only
  - [ ] M = Midway to clavicle
  - [ ] C = To clavicle
  - [ ] B = Below clavicle
- [ ] Stridor
- [ ] Wheezing
- [ ] Palatal weakness
- [ ] Tachycardia
- [ ] EKG abnormalities

**Complications**
- [ ] Airway obstruction
- [ ] Intubation required
- [ ] Myocarditis
- [ ] Other

**Outcome**
- [ ] N = Recovered, No Residua
- [ ] R = Recovered, Residua
- [ ] D = Died
- [ ] U = Unknown

**Serum Specimen for Diphtheria Antitoxin Antibodies Obtained?**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**PCR Result**
- [ ] P = Positive
- [ ] N = Negative
- [ ] U = Unknown

**Antibiotics Treated with Antibiotics?**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Duration of Therapy**
- [ ] Days

**Antibiotic in Hospital?**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Duration of Therapy**
- [ ] Days

**Antibiotic Codes**
1. Erythromycin (incl. Pedialzone, Ilosone)
2. Penicillin (Bicillin, Pfizerpen-AS, Wyckillin)
3. Amoxicillin (Amoxicillin/Augmentin/Septa/Cefixime)
4. Clarithromycin/azithromycin
5. Cotrimoxazole (bactrim/septra)
6. Tetracycline/Doxycycline
7. Other
8. Unknown

---

**Antibiotics**

**As an Outpatient**
- [ ] Y = Yes, Date Initiated
- [ ] Month
- [ ] Day
- [ ] Year

**Antibiotic**
- [ ] See Codes Below

**Duration of Therapy**
- [ ] Days

**As an Inpatient**
- [ ] Y = Yes, Date Initiated
- [ ] Month
- [ ] Day
- [ ] Year

**Antibiotic**
- [ ] See Codes Below

**Duration of Therapy**
- [ ] Days

---

**Were Antibiotics Given in the 24 Hours Before Culture?**
- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

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**Appendix 3**

Page 1 of 4: This form has 2 sides
<table>
<thead>
<tr>
<th><strong>Country of Residence</strong></th>
<th><strong>If Other, Country Name:</strong></th>
<th><strong>Date of U.S. Arrival</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>U = US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O = Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>History of International Travel?</strong></th>
<th><strong>Country(s) Visited</strong></th>
<th><strong>From</strong></th>
<th><strong>To</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(2 Weeks Prior to Onset)</td>
<td></td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>History of Interstate Travel?</strong></th>
<th><strong>State(s) Visited</strong></th>
<th><strong>From</strong></th>
<th><strong>To</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(2 Weeks Prior to Onset)</td>
<td></td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Known Exposure to Diphtheria Case or Carrier?</strong></th>
<th><strong>Known Exposure to International Travelers?</strong></th>
<th><strong>Known Exposure to Immigrants?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Y = Yes</td>
<td>Y = Yes</td>
<td>Y = Yes</td>
</tr>
<tr>
<td>N = No</td>
<td>N = No</td>
<td>N = No</td>
</tr>
<tr>
<td>U = Unknown</td>
<td>U = Unknown</td>
<td>U = Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Has this Suspected Case been Reported to the State or Local Health Department?</strong></th>
<th><strong>Date Reported to State or Local Health Department</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Y = Yes</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>N = No</td>
<td></td>
</tr>
<tr>
<td>U = Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Person Informed:</strong></th>
<th><strong>Phone:</strong></th>
<th><strong>Fax:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Reporting Physician:</strong></th>
<th><strong>Phone:</strong></th>
<th><strong>Fax:</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Name</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Institution</strong></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Street</strong></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Name of Investigator under the IND</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Phone:</strong></th>
<th><strong>Fax:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Amount of DAT Administered:</strong></th>
<th><strong>IU DAT</strong></th>
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</thead>
</table>

<table>
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<tr>
<th><strong>Final Diagnosis:</strong></th>
<th><strong>How was the final diagnosis confirmed?</strong></th>
<th><strong>Final Case Disposition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>C = Confirmed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P = Probable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = Not a Case</td>
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</table>
**Information for Close Contacts**

**Diphtheria**

*Close Contact = Household members and others with a history of direct contact with a case-patient, and medical staff exposed to oral or respiratory secretions of a case-patient*

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation to Case</th>
</tr>
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<tr>
<td></td>
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<tr>
<th>Vaccinated?</th>
<th>Number of Doses</th>
<th>Last Dose</th>
<th>Nasopharyngeal Culture Obtained?</th>
<th>Oropharyngeal (Throat) Culture Obtained?</th>
<th>Date of Culture</th>
<th>Results</th>
<th>Antibiotic Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y = Yes</td>
<td>N = No</td>
<td>U = Unknown</td>
<td>L = &lt; 3 Doses</td>
<td>G = &gt; 5 Years Ago</td>
<td>Y = Yes</td>
<td>N = No</td>
<td>U = Unknown</td>
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**Antibiotic Codes**

1 = Erythromycin (inc. Pediazole, ilosone)  
2 = Penicillin (Bicillin, Pfizerpen-AS, Wyclillin)  
3 = Amoxicillin/Ampicillin/Augmentin/Cefclor/Cefixime  
4 = Clarithromycin/azithromycin  
5 = Cotrimoxazole (bactrim/septran)  
6 = Tetracycline/Doxycycline  
7 = Other

Page 3 of 4: This form has 2 sides
### Suspected or Proven Diphtheria

**Identify Close Contacts**

- **Positive**
  - Assess and monitor for signs and symptoms of diphtheria for at least 7 days
  - Repeat cultures a minimum of 2 weeks after completion of antimicrobial to assure eradication of the organism

- **Negative**
  - Avoid close contact with inadequately vaccinated persons
  - Identify close contacts and proceed with preventative measures described for close contacts
  - Repeat cultures a minimum of 2 weeks after completion of antimicrobial to assure eradication of the organism

**Obtain cultures for C. diphtheria**

- Positive
  - Administer antimicrobial prophylaxis
- Negative
  - Administer immediate dose of diphtheria toxoid and complete primary series according to schedule

**Administer diphtheria toxoid vaccination status**

- < 3 doses or unknown
  - Institute strict isolation
  - Notify lab and obtain culture for *C. diphtheriae*
  - Obtain serum for antibodies to diphtheria toxin
  - Consider treatment with diphtheria antitoxin
  - Begin antimicrobial therapy
  - Provide active immunization with diphtheria toxoid during convalescence

- = 3 doses, last dose > 5 years ago
  - Institute strict isolation
  - Notify lab and obtain culture for *C. diphtheriae*
  - Obtain serum for antibodies to diphtheria toxin
  - Consider treatment with diphtheria antitoxin
  - Begin antimicrobial therapy
  - Provide active immunization with diphtheria toxoid during convalescence

- = 3 doses, last dose, 5 years ago
  - Institute strict isolation
  - Notify lab and obtain culture for *C. diphtheriae*
  - Obtain serum for antibodies to diphtheria toxin
  - Consider treatment with diphtheria antitoxin
  - Begin antimicrobial therapy
  - Provide active immunization with diphtheria toxoid during convalescence

**Assess diphtheria toxoid vaccination status**

- Children in need of their 4th primary dose or booster dose should be vaccinated; otherwise vaccination not required

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* Maintain isolation until elimination of the organism is demonstrated by negative cultures of two samples obtained at least 24 hours apart after completion of antimicrobial therapy.

‡ Both nasal and pharyngeal swabs should be obtained for culture.

¶ If equine diphtheria antitoxin is needed, contact your State Health Department. Before administration, patients should be tested for sensitivity to horse serum and, if necessary, desensitized. The recommended dosage and route of administration depend on the extent and duration of disease. Detailed recommendations can be obtained from the package insert and other publications.

§ Antibacterial therapy is not a substitute for antitoxin treatment. Intramuscular procaine penicillin G (25,000–50,000 units/kg/d) for children and 1.2 million units/d for adults, in two divided doses or parenteral erythromycin in four divided doses or oral penicillin V (125–250 mg four times daily) may be substituted for a recommended total treatment period of 14 days.

** Vaccination is required because clinical diphtheria does not necessarily confer immunity.

‡‡ Close contacts include household members and other persons with a history of direct contact with a case-patient (e.g. caretakers, relatives, or friends who regularly visit the home) as well as medical staff exposed to oral or respiratory secretions of a case-patient.

¥ A single dose of intramuscular benzathine penicillin G (600,000 units for persons < 6 years of age and 1.2 million units for persons = 6 years of age: or a 7- to 10-day course of oral erythromycin (40 mg/[kg/d]) for children and 1 g/d for adults) has been recommended.

§§ Preventative measures may be extended to close contacts of carriers but should be considered a lower priority than control measures for contacts of each case.

***Persons who continue to harbor the organism after treatment with either penicillin or erythromycin should receive an additional 10-day course of oral erythromycin and should submit samples for follow-up cultures.

¶¶ Refer to published recommendations for the schedule for routine administration of DTP.