**Confirmed toxigenic *Corynebacterium diphtheriae / ulcerans* infections:**

**National surveillance form for completion by UKHSA HPTs**

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| Please complete and return to: | Immunisation and Vaccine Preventable Diseases DivisionUK Health Security Agency61 Colindale Avenue, London, NW9 5EQ Telephone: 020 8327 7828 Email: diphtheria\_tetanus@ukhsa.gov.uk or phe.diphtheria.tetanus@nhs.net  |
| **Personal details** |
| Patient name:­­­­ Patient name Date of birth: Patient date of birth Postcode: Patient postcodeSex: Male [ ]  Female [ ]  | HPZone No.: Enter text HPZone numberSample date: Enter date sample collectedSample type: Please select oneIf other, please specify: Enter other sample |
| Organism (select one): *C. diphtheriae* [ ]  *C. ulcerans/C. pseudotuberculosis* [ ] Note: if *C. ulcerans*, the animal management section **must** be completed. |
| Any other organisms isolated? Enter details of other organisms |
| **Clinical information** |
| Did the patient have any symptoms? Yes [ ]  No [ ]  Not known (NK) [ ]  |
| Date of onset of first symptom: Enter date of symptom onset |
| **Respiratory** | **Cutaneous (skin lesion or wound)** |
| Sore throat: Membrane: Stridor:Fever:Other: | Yes [ ]  No [ ]  NK [ ] Yes [ ]  No [ ]  NK [ ] Yes [ ]  No [ ]  NK [ ] Yes [ ]  No [ ]  NK [ ] Yes [ ]  No [ ]  NK [ ]  | Sites: Enter details of site of lesion(s)Size of lesions: <2cm2 [ ]  >2cm2 [ ] Number of lesions: 1 [ ]  2 to 5 [ ]  More than 5 [ ] Has a respiratory swab also been taken? Yes [ ]  No [ ]  NK [ ]  |
| Specify other: Enter any other symptoms |
| Any underlying conditions: | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please specify: Specify conditions |
| Immunosuppression: | Yes [ ]  No [ ]  NK [ ]  |

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| If yes, please specify: Specify immunosuppression |
| Systemic complications (please specify below): | Yes [ ]  No [ ]  NK [ ]  |
| Myocarditis [ ]  Motor paralysis [ ]  Renal insufficiency [ ]  Circulatory collapse [ ]  |
| Other systemic complication [ ]  Please specify: Specify any other complications |

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| **Management of case** |
| Was the patient hospitalised?  | Yes [ ]  No [ ]  NK [ ]  |
| Date of admission: Click to enter a date |
| Admitted to ICU and/or on ventilation? | Yes [ ]  No [ ]  NK [ ]  |
| Date of admission ICU: Click to enter a date. |
| Was the patient seen by an ID specialist? | Yes [ ]  No [ ]  NK [ ]  |
| Did the patient receive diphtheria anti-toxin (DAT)? | Yes [ ]  No [ ]  NK [ ]  |
| Date DAT administered: Click to enter a date. |

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| **Travel history** |
| Has the patient travelled outside the UK recently (that is, in the 10 days prior to symptom onset)? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, which countries: | Enter countries |
| Date of return to UK: | Enter return date |
| Has the patient had close contact with individuals who have recently returned or arrived in the UK? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, which countries: | Enter countries |
| Date of return or arrival to UK: | Enter return or arrival date |
| Type of contact with patient: | Household [ ]  Non-household [ ]  |

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| **Other risk factors (for *C. ulcerans* cases only)** |
| Has the patient had any recent contact with animals (that is, in the 10 days prior to onset of symptoms)?  | Yes [ ]  No [ ]  NK [ ]  |
| Type |  | Number | Nature of contact (that is, lives in house, visited petting farm or petting zoo) |
| Dogs | [ ]  | Number of dogs | Click to enter details |
| Cats | [ ]  | Number of cats | Click to enter details |
| Other:  | [ ]  | Number of other | Click to enter details |
| Please specify type of animal: Specify other animal type |
| Are any of the animals unwell (for example, skin or respiratory issues)? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please specify: Click to enter text. |
| Has the patient recently consumed any raw or unpasteurised dairy products? Yes [ ]  No [ ]  NK [ ]  |
| If yes, please specify product or date: Click to enter text |

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| **Management of contacts** |
| Were there any close contacts? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please provide details of close contacts below: |
| Type of contact | Number of contacts  | Nature of contact or additional information (that is, if appropriate PPE worn by healthcare workers) |
| Household | Number household | Click to enter details |
| Non-household (for example, visiting relatives, healthcare workers) | Number non-household | Click to enter details |
| Other (for example, shared accommodation facility) | Number other | Click to enter details |
| Specify other type of contact: Specify other contact |
| Were swabs taken from close contacts? | Yes [ ]  No [ ]  NK [ ]  |
| Nose or throat [ ]  Wound [ ]  Other [ ]  Specify other: Specify other swab |
| Were any swabs positive? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, how many or from whom: Enter details of positive swabs  |
| Was chemoprophylaxis recommended to contacts? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, what was recommended: Click to enter text |
| Was vaccination recommended to contacts? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, what was recommended: Click to enter text |
| Any other recommendations? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please specify other recommendations: Click to enter text |

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| **Management of animal contacts (for *C. ulcerans* cases only)** |
| Please also fill out the zoonoses enhanced surveillance form {link to be finalised} |
| Were any animal contacts swabbed? Yes [ ]  No [ ]  NK [ ]  | Nose or throat [ ]  Wound [ ]  Other [ ] Please specify other: Click to enter other swab type |
| Were any swabs positive? Yes [ ]  No [ ]  NK [ ]  | If yes, please specify: Click to enter details of positive swabs (for example, which animal)  |
| Were any animals treated? Yes [ ]  No [ ]  NK [ ]  | Specify treatment and duration: Click to enter treatment details |
| Any other recommendations? Yes [ ]  No [ ]  NK [ ]  | If yes, please specify: Click to enter details of other recommendations |
| Any other comments: Click to enter additional comments |

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| **Reporter details** |
| Reporter name: Reporter nameDate form filled out: Click to enter a date |