**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 Division  UK Health Security Agency  61 Colindale Avenue, London, NW9 5EQ  Telephone: 020 8327 7828  Email: [diphtheria\_tetanus@ukhsa.gov.uk](mailto:diphtheria_tetanus@ukhsa.gov.uk) or [phe.diphtheria.tetanus@nhs.net](mailto:phe.diphtheria.tetanus@nhs.net) | | | | |
| **Personal details** | | | | | |
| Patient name:­­­­ Patient name  Date of birth: Patient date of birth  Postcode: Patient postcode  Sex: Male  Female | | | | HPZone No.: Enter text HPZone number  Sample date: Enter date sample collected  Sample type: Please select one  If 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 name  Date form filled out: Click to enter a date |