**Toxigenic *Corynebacterium diphtheriae* / *ulcerans* infections:**

**GP follow-up for patient outcome**

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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:­­­­ Enter patient nameDate of birth: Patient date of birthNHS number: Patient NHS number | Sex: Male [ ]  Female [ ] Ethnicity: Enter patient ethnicity (if known) |

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| **Patient outcome** |
| Recovering well or recovered [ ]   | Died: [ ]  Date of death: Enter date of death |
| Ongoing care required [ ]   | Not known (NK) [ ]  |
| If yes, please give details of ongoing care: Enter details of ongoing care |
| Was the patient admitted to hospital?  | Yes ☐ No ☐ NK ☐ |
| If yes, date of admission: Date of admission | Date of discharge: ­­Date of discharge |
| Was the patient admitted to ICU and/or on ventilation? | Yes [ ]  No [ ]  NK [ ]  |
| Date of ICU admission (if applicable):  | Date of ICU admission |
| Duration of ICU admission (days):  | Duration of ICU admission |
| Has the patient experienced any complications due to diphtheria? | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please include details of time of onset, duration and treatment required |
|  | Complication | Onset date | Duration (days) | Treatment required |
| [ ]   | Myocarditis | Date myocarditis | Duration myocarditis | Treatment myocarditis |
| [ ]   | Neuritis | Date neuritis | Duration neuritis | Treatment neuritis |
| [ ]   | Breathing problems | Date breathing problems | Duration breathing problems | Treatment breathing problems |
| [ ]   | Other | Date other | Duration other | Treatment other |

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| Please specify other complication: Click or tap here to enter text. |
| Please provide any further details regarding complications of diphtheria: Enter any additional information of complications |

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| **Vaccination history** |
| Has the patient ever received a diphtheria-containing vaccine? | Yes [ ]  No [ ]  NK [ ]  |
| Please provide details of vaccine history: |  |
| Dose | Received | Date | Vaccine |
| Dose 1 (primary) | Yes [ ]  No [ ]  NK [ ]  | Date dose 1 | Vaccine 1 |
| Dose 2 (primary) | Yes [ ]  No [ ]  NK [ ]  | Date dose 2 | Vaccine 2 |
| Dose 3 (primary) | Yes [ ]  No [ ]  NK [ ]  | Date dose 3 | Vaccine 3 |
| Dose 4 (booster) | Yes [ ]  No [ ]  NK [ ]  | Date dose 4 | Vaccine 4 |
| Dose 5 (booster) | Yes [ ]  No [ ]  NK [ ]  | Date dose 5 | Vaccine 5 |
| Additional booster | Yes [ ]  No [ ]  NK [ ]  | Date add. booster 1 | Add. booster 1 |
| Additional booster | Yes [ ]  No [ ]  NK [ ]  | Date add. booster 2 | Add. booster 2 |
| Any additional information about vaccination history: Click or tap here to enter text. |

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| **Patient management** |
| Has the patient received any diphtheria toxoid-containing vaccines since their diagnosis (as recommended by the [National Guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1083946/Diphtheria-guidelines-2022-v16.1.pdf))? | Yes [ ]  No [ ]  NK [ ]  |
| Note: no booster dose is required if the last dose was given within the last 12 months prior to diphtheria infection |
| Did the patient receive antibiotics?  | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please list any or all antibiotics below: |
| Antibiotic | Date commenced | Duration (days) |
| Antibiotic 1 | Date antibiotic 1 | Duration antibiotic 1 |
| Antibiotic 2 | Date antibiotic 2 | Duration antibiotic 2 |
| Antibiotic 3 | Date antibiotic 3 | Duration antibiotic 3 |
| Antibiotic 4 | Date antibiotic 4 | Duration antibiotic 4 |
| Antibiotic 5 | Date antibiotic 5 | Duration antibiotic 5 |
| Any additional information about antibiotic treatment (that is, any reason for change): Enter any additional information about antibiotic treatment |
| Any other comments regarding patient outcome or recovery: Enter any additional information on patient outcome or recovery |

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| **Reporter details** |
| Reporter name: Reporter nameReporter position: Reporter positionDate form filled out: Click to enter a date |