**Confirmed toxigenic *Corynebacterium diphtheriae / ulcerans* infections: follow-up to use of diphtheria anti-toxin (DAT)**

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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 nameDate of birth: Patient DOBNHS number: Patient NHS number | Sex: Male [ ]  Female [ ] HPZone number: HPZone ref. number |

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| **Assessment for diphtheria anti-toxin** |
| Please indicate the severity: |
| **Type or severity of diphtheria** | **Dosage adults and children** | **Number of ampoules (10,000 IU/ampoule)** | **Select one** |
| Severe diphtheria (for example, extensive membrane or severe oedema – ‘bull neck’) | 100,000 IU | 10 |[ ]
| Laryngeal or pharyngeal or nasopharyngeal disease of more than 48 hours | 100,000 IU | 10 |[ ]
| Laryngeal or pharyngeal or nasopharyngeal disease of less than 48 hours | 70,000 IU | 7 |[ ]
| Skin lesions | 40,000 IU | 4 |[ ]
| Any additional comments (for example, additional doses, any indication for additional treatment): Click to enter any additional information |

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| **Administration of diphtheria anti-toxin** |
| Date of administration of initial dose of DAT: Date DAT administered |
| Dose DAT administered: DAT dose administered (IU) |
| If further doses given, please specify reason: ­­­­­­DAT dose administered |
| Product name: Butantan Institute DAT, Batch 220188 | Other: Click to enter other product details |
| Route of DAT administration: IV [ ]  SC [ ]  IM [ ]  |
| Was serum collected prior to DAT? | Yes [ ]  No [ ]  Not known (NK) [ ]  |
| Did the patient have a positive history for animal allergy or prior exposure to equine-derived immunoglobulin?  | Yes [ ]  No [ ]  NK [ ]  |
| If yes, was sensitivity testing undertaken?  | Yes [ ]  No [ ]  NK [ ]  |
| Was there evidence of hypersensitivity?  | Yes [ ]  No [ ]  NK [ ]  |
| If yes, please describe: Describe hypersensitivity |
| If evidence of hypersensitivity, was the dose administered according to the desensitisation protocol?  | Yes [ ]  No [ ]  NK [ ]  |
| If yes but desensitisation protocol not followed, please give reason: Click to enter reason |
| Were there any adverse events? Yes [ ]  No [ ]  NK [ ]  |
| If yes, were the adverse events after initial dose or subsequent doses?  | Initial dose [ ]  Subsequent doses [ ]  |
| If yes, please include details of time of onset, duration and treatment required |
| Anaphylaxis: | Yes [ ]  No [ ]  NK [ ]  | Details: Details of anaphylaxis |
| Serum sickness: | Yes [ ]  No [ ]  NK [ ]  | Details: Details of serum sickness |
| Other: | Yes [ ]  No [ ]  NK [ ]  | Details: Details of other adverse events |
| Please provide any further details regarding response to diphtheria anti-toxin: Describe response to DAT |
| Any other comments regarding clinical management or presentation of the patient: Click to add any additional comments |

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