**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 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 DOB  NHS 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 name  Reporter position: Reporter position  Date form filled out: Click to enter a date |