Caifornia Department of Public Health Surveillance and Statistics Section MS 7306 P.O. Box 997377 Sacramento, CA 95899-7377

DIPHTHERIA CASE REPORT

Patient name–last				first			mic	ddle initial	Date of birth		Age	Sex
Address-number,	street				City			State	County		ZIP code	
Telephone numbe	r						``		<u> </u>			
Home ()	<u> </u>					Work ()		ETHNICITY (shor	li ana)		
RACE (check one African-Americ	_	Native A	merican	an/Pacific	Islander \Box	Other			ETHNICITY (chec	_	on-Hispanic/ľ	Non-Latino
_	nder, please check one			Cambodian		Chinese Filipi		pino			awaiian	
		Japanes	e 🗍 Koi	rean	_	Laotian	☐ Sai	moan	Vietnamese			
PRESENT IL	LNESS											
Onset date	Diagnosis date	Hospita	Hospitalized		Attending physician or consultant physician				Telepho	ne number		
(mm/dd/yy)	(mm/dd/yy)	☐ Yes	s 🗍 No							()	
Admit date Discharge date (mm/dd/yy)		Medical	Medical record number		Hospital name				Telephone num		ne number	
Brief clinical descr	iption (include nature	and location of	f membrane, his	story of con	itact, probak	ole source, et	c.) (List ho	usehold co	ntacts in Remarks s	ection.)	Outcome of Recove Seque Died	ered lae
HISTORY O	F PREVIOUS	IMMUNIZA	TION (Che	ck one)		Yes 🗍	No					
		Date Give		Dose		pe of Produc	t (If knov	vn) (1) fluic	d toxoid OR (2) pre	cipitated o	r adsorbed to	xoid
	First											
Primary	Second											
Immunization	Third											
Boosters	First											
	Second											
Comments												
THERAPY—	SPECIFIC (C	heck one)	☐ Ye	s 🗍	No							
Antitoxin	Date	Hour	Units		Rou	te of Admini	istration			Manuf	acturer	
First dose												
Second dose												
Third dose												
Therapeutic respo	nse: Prompt	☐ Dela	ayed	None								
Other medical trea	tment (specify produ	ict)							Date of first d	ose	Date of se	cond dose
Name of attending	physician					Address						
BASIS FOR	DIAGNOSIS											
Clinical only	Laboratory	/ tests	Note: Pos	sitive culti	ıres mav h	e sent to th	e State I	.aboratorv	for virulence test	and typin	ıq.	
Type of Test	Date	Results				nay be sent to the State Laboratory for virulence test and typing. Name and Address of Laboratory						
Smear												
Culture												
Virulence												

PATIENT'S TRAVEL INFORMATION	N									
Country of Residence United States Other, specify Date of U.S. arrival										
History of International Travel (two weeks pr	rior to the onset)									
Yes No Unknown	If yes, please provide	e the following information:								
Country(s) Visited	ı	Month/Day/Year	Month/Day/Year							
1.	From:		To:	То:						
2.	From:		То:							
3.	From:		То:							
4.	From:		То:							
5.	From:		To:	То:						
History of Interstate Travel (two weeks prior Yes No Unknown	,	e the following information:								
State(s) Visited	ı	Month/Day/Year	Month/Day/Year							
1.	From:		To:							
2.	From:		To:							
3.	From:		То:							
4.	From:		То:							
5.	From:		То:							
Known exposure to Diphtheria cases or carrie	er?	☐ Unknown If yes, when _		_ where						
Known exposure to international travelers?	☐ Yes ☐ No	☐ Unknown If yes, when _		where						
Known exposure to immigrants?	☐ Yes ☐ No	Unknown If yes, when	where							
REMARKS (Include comment if pertinent regard	ling occupation, economic statu	us, environment, etc. Also note if othe		or if this is single sporadic case.) The number (a)						
Agency name		l	1 -							

2010 CASE DEFINITION

CSTE Position Statement Number: 09-ID-05

Diphtheria (Corynebacterium diphtheriae)

Case classification:

Probable:

In the absence of a more likely diagnosis, an upper respiratory tract illness with:

- -an adherent membrane of the nose, pharynx, tonsils, or larynx; and
- -absence of laboratory confirmation; and
- -lack of epidemiologic linkage to a laboratory-confirmed case of diphtheria.

Confirmed:

An upper respiratory tract illness with an adherent membrane of the nose, pharynx, tonsils, or larynx; and any of the following:

- -isolation of Corynebacterium diphtheriae from the nose or throat; or
- -histopathologic diagnosis of diphtheria; or
- -epidemiologic linkage to a laboratory-confirmed case of diphtheria.

Comment: Cutaneous diphtheria should not be reported

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