

SUSPECTED POLIO CASE WORKSHEET

CONTACT PERSONS

Initial report date:

Name

Tel. Number

Address

Notifier:

Laboratory:

State:

PATIENT IDENTIFIERS

Name:

DOB:

Age at Onset:

Sex:

Race:

Occupation:

City:

County:

State:

Onset of first symptoms:

Onset of paralysis:

CLINICAL COURSE:

CSF Results

<u>Date</u>	<u>WBC's</u>	<u>RBC's</u>	<u>%Lymph</u>	<u>% Polys</u>	<u>Protein</u>	<u>Glucose</u>
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OUTCOME

Date of 60-day follow up:

Sites of paralysis: 1 - spinal 2 - bulbar 3 - spino-bulbar

Specific sites:

60-day residual: 1 - None
 2 - Minor (any minor involvement)
 3 - Significant (\leq 2 extremities, major involvement)
 4 - Severe (\geq 3 extremities and respiratory involvement)
 5 - Death
 9 - Unknown

Date of Death:

IMMUNIZATION HISTORY

TOPV prior to onset of symptoms: If yes, date: Lot #

MOPV total doses ever received: Dates:

TOPV total doses ever received: Dates:

IPV total doses ever received: Dates:

Total number of simultaneous injections at the time of polio vaccination:

Injection(s) 30 days prior to illness onset:

IMMUNIZATION HISTORY (cont.)

Injected Substance Codes: 1= vaccine, 2=antibiotic, 3=other **Injection Site Codes:**
1=left deltoid, 2=right deltoid, 3=left thigh, 4=right thigh, 5=left gluteal, 6=right gluteal

Date of first injection:

First Injected substance:

Site of first injection:

Date of second injection:

Second injected substance:

Site of second injection:

Date of third injection:

Third injected substance:

Site of third injection:

Date of fourth injection:

Fourth injected substance:

Site of fourth injection:

EXPOSURE HISTORY

Case/HH member travel to endemic/epidemic area:

If yes, who:

Where:

When:

Case/HH member exposure to person(s) from or returning from endemic areas:

If yes, who:

Where:

When:

Case/HH contact with known case:

If yes, who:

Where:

When:

Case had contact with OPV recipient:

If yes, household contact:

Date:

Age:

Relation:

Non-household contact:

Date:

Age:

Relation:

Date contact received OPV:

Dose #:

Lot#

EXPOSURE HISTORY (cont.)

Case had contact with IPV recipient:

Date contact received first IPV:

Date contact received second IPV:

Date contact received third IPV:

Date contact received fourth IPV:

Lot # of most recent IPV:

STATE OR LOCAL LABORATORY

Serum specimens submitted:

<u>Lab Name</u>	<u>Test (Neut, CF)</u>	<u>Date Drawn/</u>	<u>Date Obtained</u>	<u>P1</u>	<u>P2</u>	<u>P3</u>
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Serum 1:

Serum 2:

Specimens submitted for isolation:

<u>Lab Name</u>	<u>Specimen type</u>	<u>Date Obtained</u>	<u>Results</u>
1.			
2.			

CDC LABORATORY

Serum specimens sent to CDC:

Date Received:

<u>Test</u>	<u>Date Obtained</u>	<u>P1</u>	<u>P2</u>	<u>P3</u>
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Serum 1:

Serum 2:

Specimens for polio virus isolation sent to CDC:

Date Received:

<u>Specimen type</u>	<u>Date Obtained</u>	<u>Result (viral type)</u>
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Strains characterization results: oligonucleotide, genomic sequencing, polymerase chain reaction

SPECIAL INVESTIGATIONS

EMG conducted: Date:
Results:

Nerve Conduction: Date:
Results:

Immune deficiency diagnosed prior to OPV exposure:
If yes, diagnosis:

Immune Studies performed:

HIV status: (Positive, Negative, Unknown)

ADDITIONAL COMMENTS