NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

DIPHTHERIA CONTACT QUESTIONNAIRE

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

DIPTHERIA CASE (refers to the person that had contact with individual being interviewed)

Surname:_____ Name: _____

Date of Birth (dd/mm/yyyy):__ __ / __ __/ __ __ __ __ Relationship of contact to Diptheria case:_____

Details of contact under observation					
Citizenship					
First name		Surname	Alias		
Date of Birth		Age	Sex	Male	Female
Physical address	House #		Street		
	Suburb		Town		
	District		Province	Post code	
Cell phone number		Landline number	Next of kin		

Contact Definitions

Did you live with the case (alive/dead) in the same households in the last 7days?	Yes ☐ No ☐
Did you visit the patient (alive/dead) either at home or in the health facility in the last 7days?	Yes ☐ No ☐
Did you have direct contact with the case (alive/dead) in the last 7days?	Yes ☐ No ☐
Are you a health care worker who attended to the patient (alive/dead) or did you have contact with the patient otherwise in a health facility in the last 7days?	Yes ☐ No ☐
In the last 7days, did you have contact with the case either at school, church or at an event?	Yes ☐ No ☐
Were you exposed to the case (alive/dead) in the last 7days in any other way that is not listed above? Specify_____	Yes ☐ No ☐

- **If interviewee answers YES to ANY of the questions above, the person is considered to be a contact, proceed with the questionnaire.**
- **If interviewee answers NO to ALL of the questions above, the person is not a contact. Do not proceed with the questionnaire.**

Contact immunization history

Timing	**DTap vaccine received (yes/no)**
6 weeks	
10 weeks	
14 weeks	
18 months	
Boosters	**Td vaccine received (yes/no)**
6 years	
12 years	
TOTAL DOSES RECEIVED (DTP, DT or Td)	
Date of last dose	*dd/mm/yyyy*

Specimen collection

Specimen type 1. Throat swab 2. Skin ulcer swab 3. Nasopharyngeal swab 4. Other (specify site)	**Date of collection**	**Lab result** 1 = toxigenic C.diptheriae isolated 2 = non-toxigenic C.diptheriae isolated 3 = C.diptheriae isolated toxigenicity unknown 4 = C.diptheriae not isolated 5 = Result unknown	**Date of result**

Post Exposure Prophylaxis (PEP)

DTaP/DT	Yes ☐ No ☐ *Date given:*
Tdap/Td)	Yes ☐ No ☐ *Date given:*
Antibiotics given (Erythromycin/Azithromycin/Penicillin)	Yes ☐ No ☐ *Date given:*
Diptheria antitoxin (DAT) given ***For individuals who are not fully immunized and have been exposed to toxigenic Corynebacteria***	Yes ☐ No ☐ *Date given:*

Form completed by	
Name and Surname	
Phone	
Location/Facility	