Information for Close Contacts* Diphtheria

*Close Contact = Household members and others with a history of direct contact with a case-patient, and medical staff exposed to oral or respiratory secretions of a case-patient.

<u>Name</u>					Age Rel	ation to Case
	er of If Vaccinated, Last Dose	Nasopharyngeal Culture Obtained? Y = Yes N = No U = Unknown	Oropharyngeal (Throat) Culture Obtained? Y=Yes N = No U = Unknown	Date of Culture Month Day Year	Results P = Positive N = Negative U = Unknown	Antibiotic Prophylaxis See Codes Below
Name					Age Rel	ation to Case
	er of If Vaccinated,	Nasopharyngeal Culture Obtained? Y = Yes N = No U = Unknown	Oropharyngeal (Throat) Culture Obtained? Y=Yes N=No U = Unknown	Date of Culture Month Day Year	Results P = Positive N = Negative U = Unknown	Antibiotic Prophylaxis See Codes Below
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	er of If Vaccinated,	Nasopharyngeal Culture Obtained? Y = Yes N = No U = Unknown	Oropharyngeal (Throat) Culture Obtained? Y=Yes N=No U=Unknown	Date of Culture Month Day Year	Results P = Positive N = Negative U = Unknown	Antibiotic Prophylaxis See Codes Below
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	er of If Vaccinated, Last Dose	Nasopharyngeal Culture Obtained? Y = Yes N = No U = Unknown	Oropharyngeal (Throat) Culture Obtained? Y=Yes N=No U=Unknown	Date of Culture Month Day Year	Results P = Positive N = Negative U = Unknown	Antibiotic Prophylaxis See Codes Below
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	er of If Vaccinated, Last Dose	Nasopharyngeal Culture Obtained? Y = Yes N = No U = Unknown	Oropharyngeal (Throat) Culture Obtained? Y=Yes N = No U = Unknown	Date of Culture Month Day Year	Results P = Positive N = Negative U = Unknown	Antibiotic Prophylaxis See Codes Below
Antibiotic Codes 1 = Erythromycin (incl. Pediazole, ilosone) (bactrim/septra) 2 = Penicillin (Bicillin, Pfizerpen-AS, Wycillin) Tetracycline/Doxycycline 3 = Amoxicillin/Ampicillin/Augmentin/Ceclor/Cefixime 7 = Other 4 = Clarithromycin/azithromycin						

Note: This Form has 2 Sides

