Suspected Polio Case Worksheet GENERIC MMG

REPORT CONTACT

Name (Last, First) 74549-7 | Initial Report Date 77995-9

Address | City | County 77967-8 | State 77966-0 | Zip Code 52831-5 | Phone 74548-9

Reporting Laboratory 48766-0 | State

PATIENT IDENTIFIERS

Name (Last, First) | Birth Date PID-7 (MM DD YYYY)

City | County PID-11.9 | State PID-11.4 | Occupation

Age at Onset (999 = Unknown)

Age Type
0 = 0 – 120 Years
1 = 0 – 11 Months
2 = 0 – 52 Weeks
3 = 0 – 28 Days
9 = Age Unknown

Ethnicity PID-22
H = Hispanic
N = Not Hispanic
U = Unknown

Race PID-10
N = Native American/Alaskan Native
A = Asian/Pacific Islander
B = African American
W = White
O = Other 32624-9
U = Unknown

Sex PID-8
M = Male
F = Female
U = Unknown

Date of Onset of First Symptoms 11368-8 (Month Day Year)

Date of Onset of Paralysis (Month Day Year)

CLINICAL COURSE

Clinical Course

CSF RESULTS

Date (Month Day Year)	WBCs	RBCs	% Lymph	% Polys	Protein	Glucose

OUTCOME

Date of 60-Day Follow-Up (Month Day Year)

Sites of Paralysis
1 = Spinal
2 = Bulbar
3 = Spino-bulbar

Specific Sites

60-Day Residual
1 = None
2 = Minor (any minor involvement)
3 = Significant (≤2 extremities, major involvement)
4 = Severe (≥3 extremities and respiratory involvement)
5 = Death
9 = Unknown

Date of Death PID-29 (Month Day Year)

IMMUNIZATION HISTORY

TOPV within 30 Days Prior to Onset of Symptoms? (Y = Yes, N = No) **Date** (Month Day Year) **Lot Number** _____

VACCINE	DATE 1	DATE 2	DATE 3
IPV-containing — Total Doses Ever Received	Month Day Year Lot Number _____	Month Day Year Lot Number _____	Month Day Year Lot Number _____
TOPV — Total Doses Ever received	Month Day Year Lot Number _____	Month Day Year Lot Number _____	Month Day Year Lot Number _____
BOPV — Total Doses Ever Received	Month Day Year Lot Number _____	Month Day Year Lot Number _____	Month Day Year Lot Number _____
MOPV — Total Doses Ever Received	Month Day Year Lot Number _____	Month Day Year Lot Number _____	Month Day Year Lot Number _____

INJECTIONS RECEIVED WITHIN 30 DAYS PRIOR TO ONSET OF ILLNESS

Date of Injection	Substance of Injection	Describe	Site of Injection
Date of First Injection (Month Day Year)	☐	_____	☐
Date of Second Injection (Month Day Year)	☐	_____	☐
Date of Third Injection (Month Day Year)	☐	_____	☐
Date of Fourth Injection (Month Day Year)	☐	_____	☐

Substance of Injection
1 = Vaccine
2 = Antibiotic
3 = Other

Site of Injection
1 = Left Deltoid
2 = Right Deltoid
3 = Left Thigh
4 = Right Thigh
5 = Left Gluteal
6 = Right Gluteal

Did Case/Household Member Travel To Endemic/Epidemic Area(s)?
☐ **Y = Yes** **N = No**
Location(s) of Exposure _____
Date of Departure (Month Day Year) ☐☐ ☐☐ ☐☐☐☐
Date of Return (Month Day Year) ☐☐ ☐☐ ☐☐☐☐

Was Case/Household Member Exposed to Person(s) from or Returning to Endemic Areas?
☐ **Y = Yes** **N = No**
_____
Month Day Year ☐☐ ☐☐ ☐☐☐☐
Month Day Year ☐☐ ☐☐ ☐☐☐☐

Did Case/Household Member have Contact with Known Case?
☐ **Y = Yes** **N = No**
_____
Month Day Year ☐☐ ☐☐ ☐☐☐☐
Month Day Year ☐☐ ☐☐ ☐☐☐☐

Did Case Have Contact With OPV Recipient?
☐ **Y = Yes** **N = No**

If "Yes", Date of Contact with Household OPV Recipient (Month Day Year) ☐☐ ☐☐ ☐☐☐☐
Relation _____
Age ☐☐☐ **Age Type** ☐
999 = Unknown

If "Yes", Date of Contact with Nonhousehold OPV Recipient (Month Day Year) ☐☐ ☐☐ ☐☐☐☐
Relation _____
Age ☐☐☐ **Age Type** ☐
999 = Unknown

Date Contact Received OPV (Month Day Year) ☐☐ ☐☐ ☐☐☐☐

Dose Number _____ **Lot Number** _____

Age Type
0 = 0 – 120 Years
1 = 0 – 11 months
2 = 0 – 52 Weeks
3 = 0 – 28 Days
9 = Age Unknown

LABORATORY INFORMATION

STATE OR LOCAL LABORATORY

SERUM SPECIMENS SUBMITTED

Laboratory Name _____

SERUM 1

P1, P2, Or P3	Test	Result	Date Drawn/Obtained (Month Day Year)
☐ 1 = P1 ☐ 2 = P2 ☐ 3 = P3	☐ 1 = Neut. ☐ 2 = CF	_____ _____	☐☐ ☐☐ ☐☐☐☐

SERUM 1

P1, P2, Or P3	Test	Result	Date Drawn/Obtained (Month Day Year)
☐ 1 = P1 ☐ 2 = P2 ☐ 3 = P3	☐ 1 = Neut. ☐ 2 = CF	_____ _____	☐☐ ☐☐ ☐☐☐☐

SPECIMENS SUBMITTED FOR ISOLATION

SPECIMEN 1

Results	Laboratory Name	Specimen Type	Date Drawn/Obtained (Month Day Year)
_____	_____	_____	☐☐ ☐☐ ☐☐☐☐

SPECIMEN 2

Results	Laboratory Name	Specimen Type	Date Drawn/Obtained (Month Day Year)
_____	_____	_____	☐☐ ☐☐ ☐☐☐☐

LABORATORY INFORMATION (continued)

CDC LABORATORY

SERUM 1
P1, P2, Or P3 ☐ 1 = P1, 2 = P2, 3 = P3
Test ☐ 1 = Neut., 2 = CF
Result _____ _____
Date Drawn/Obtained ☐☐ Month ☐☐ Day ☐☐☐☐ Year

SERUM 1
P1, P2, Or P3 ☐ 1 = P1, 2 = P2, 3 = P3
Test ☐ 1 = Neut., 2 = CF
Result _____ _____
Date Drawn/Obtained ☐☐ Month ☐☐ Day ☐☐☐☐ Year

SPECIMEN 1

Specimen Type	Results (Viral Type	Strains (Characterization Results)	Date Received	Date Obtained
_____	_____	☐ 1 = Oligonucleotide, 2 = Genomic Sequencing, 3 = Polymerase Chain Reaction	☐☐ Month ☐☐ Day ☐☐☐☐ Year	☐☐ Month ☐☐ Day ☐☐☐☐ Year

SPECIMEN 2

Specimen Type	Results (Viral Type)	Strains (Characterization Results)	Date Received	Date Obtained
_____	_____	☐ 1 = Oligonucleotide, 2 = Genomic Sequencing, 3 = Polymerase Chain Reaction	☐☐ Month ☐☐ Day ☐☐☐☐ Year	☐☐ Month ☐☐ Day ☐☐☐☐ Year

EMG Conducted?	EMG Results	Date of EMG	Nerve Conduction?	Nerve Results	Date of Nerve Conduction
☐ 1 = Yes, 2 = No		☐☐ Month ☐☐ Day ☐☐☐☐ Year			☐☐ Month ☐☐ Day ☐☐☐☐ Year

Immune Deficiency Diagnosed Prior to OPV Exposure?
☐ 1 = Yes, 2 = No, 3 = Other
Diagnosis _____

Immune Studies Performed

HIV Status
☐ 1 = Positive, 2 = Negative, 9 = Unknown

ADDITIONAL COMMENTS

77999-1