

**APPENDIX 1: INFORMED CONSENT/PARENT PERMISSION FORM FOR USE OF
DAT FOR SUSPECTED DIPHTHERIA CASES**

Protocol #4167

BB IND 11184

**INFORMED CONSENT/PARENT PERMISSION FOR
USE OF DIPHTHERIA ANTITOXIN (DAT) FOR SUSPECTED DIPHTHERIA CASES
Investigational New Drug (IND) BB 11184
IRB # 4167**

Flesch-Kincaid: 7.8

INFORMED CONSENT

Your doctor suspects that you/your child have diphtheria. Your doctor has decided that diphtheria antitoxin (DAT) may help prevent you/your child from a more serious illness from diphtheria. The Food and Drug Administration (FDA) has not approved DAT for diphtheria treatment in this country. The Centers for Disease Control and Prevention (CDC) and your State Health Department can provide DAT for emergency treatment of diphtheria. So, we are offering you/your child treatment with investigational DAT. Diphtheria antitoxin is obtained from horse serum. The DAT product has been tested to make sure it meets the standards for potency.

After administering DAT, your doctor will also give you/your child appropriate antibiotics.

BACKGROUND

Diphtheria is a serious illness caused by a toxin (poison). This toxin is produced by a bacterium called *Corynebacterium diphtheriae*. The toxin causes life-threatening illness in many people infected with the bacteria. This is because the toxin kills many types of human cells, mainly those in a person's throat, windpipe, heart, and nerves. Harm to these cells can lead to blockage of the windpipe, heart damage, and paralysis of many nerves. This can lead to death in up to 50% of untreated patients. It can also disable those who survive. Airway blockage can occur within the first week of illness. But, the signs of heart and nerve damage most often show in the second or third week.

Use of DAT is vital to treat diphtheria. DAT can greatly lower the risk of lasting health problems or very severe outcomes. DAT works better if given as soon as the doctor suspects diphtheria. Signs of diphtheria usually show slowly from 1 to 5 days after infection. These signs include fever, sore throat, problems swallowing, widespread weakness, and, at times, problems breathing. Often, but not always, the doctor can see a gray, white, or yellow patch (membrane) in the throat or tonsils.

Until January 1997, there was a FDA-approved DAT in the U.S., but the supply of this product has been used up. Since there are so few cases of diphtheria in the U.S. each year, the company decided to stop making it. There is DAT available from a foreign country. FDA considers it "investigational" because it is not licensed in this country. This DAT has been used for years to successfully treat diphtheria patients in other countries. It is like the product that was made in the U.S. previously except that it is made by a different company. We are offering this product to you/your child. In the judgment of your doctor, it is the best treatment you/your child can get.

WHAT IS THE PURPOSE OF THIS TREATMENT?

We are offering DAT to you/your child because your doctor suspects you/your child have

diphtheria. Without DAT, diphtheria can get worse and life-threatening complications can result. Because DAT is made from horse serum, you/your child may have an allergic reaction after receiving it. Your doctor will give you/your child a skin test. This is to see if you/your child could have an allergy to DAT. For this test the doctor will inject a small amount (less than a drop) of DAT into the skin with a needle. The doctor will check after 20 minutes to see if your/your child's skin gets red or swells. If the skin test is positive for redness and swelling, the doctor may give you/your child DAT in very small doses to lower the risk of an allergic reaction. The doctor may also give you/your child other medicines to lower the risk.

You will be given an antimicrobial medication prior to DAT if your doctor suspects that you have respiratory diphtheria.

Your/your child's doctor will give you/your child DAT with a needle directly into a vein or muscle. The doctor will take samples (using a swab that looks like a Q-tip) from your/your child's throat and nose before treatment. Also, if there is a patch on your/your child's throat, the doctor may need to scrape off a small piece of this patch and send to the lab. These tests allow us to confirm that you/your child have diphtheria. You/your child's doctor will send the samples and any scraping to the CDC so we can culture the bacteria and find the toxin.

ARE THERE ANY BENEFITS?

DAT can reduce the bad effects of diphtheria toxin. It does not reverse any problems that have already happened. DAT will prevent later problems if it is given early in the illness. Without DAT, severe problems due to diphtheria can happen. About 3 out of 10 persons with diphtheria do not survive without DAT.

ARE THERE ANY RISKS?

Treatment with DAT is not without risk. As with all treatment, there is a slight chance that there are some risks that we do not know about.

The risks of getting any medicine by vein include brief pain, bleeding, and bruising of the skin around the site where the needle went in. Other risks are soreness and swelling at that site and possible infection.

You/your child may react to DAT in a number of ways. These include fever and chills, usually within the first 24 hours. These will go away by taking aspirin or Tylenol (aspirin should not be used in children due to risk of Reye syndrome).

A few people (<1%) may have a more serious allergic reaction called *anaphylaxis*. It can happen in people who are allergic to horse products. Most of them do not know they are allergic. This reaction can be mild, with only hives and a hoarse voice. Or, at rare times, it can be more severe, with a quick and serious drop in blood pressure and problems breathing. Severe anaphylaxis can be fatal. Anaphylaxis requires emergency medical treatment, medications, and, at times, a machine to help in breathing. Skin testing just before giving DAT can show if a person is allergic, and things can be done to lower the risk.

Also, a small number of people (<5%) getting horse serum may get pains in their joints and back,

fever, and a rash a few weeks after treatment. These problems can last a couple of weeks. This is called serum sickness. Rarely, persons with serum sickness can have a more severe illness with kidney, nerve, or heart inflammation. Doctors can treat serum sickness with standard medicines.

ARE THERE RISKS RELATED TO PREGNANCY?

There are no known extra risks from DAT for a pregnant woman or her unborn baby (fetus). Because about a third of all patients who have diphtheria do not survive without DAT, treating diphtheria is of much greater benefit to the mother or the fetus than the possible risk of DAT treatment.

WHAT ABOUT PRIVACY?

The medical records with this protocol are subject to the terms of the Privacy Act of 1974, 5 U.S.C. Section 552a. People who work for the local health department, the CDC, and FDA may read your/your child's medical records. They may obtain personally identifying information from these records. All data we gather about you/your child will be kept private to the extent allowed by law.

IS THIS PROTOCOL VOLUNTARY?

It is your/your child's choice to receive DAT. You/your child may refuse or stop treatment at any time. If so, you/your child will not lose the right to other health care or services that you/your child might be due apart from this. You/your child are not giving up any of your legal rights by signing this form. We will give you a copy of this form.

WHAT ARE THE COSTS?

CDC is providing DAT to your physician and to you/your child at no cost. CDC does not pay for skin tests or lab tests. *CDC does not pay for medical care.* Thus, you (or your health insurer, Medicare, or Medicaid) will have to pay for any care that is needed

WHAT OTHER CHOICES DO YOU/YOUR CHILD HAVE BESIDES THIS PROTOCOL?

No other treatment for diphtheria infection exists.

WHAT HAPPENS IF I OR MY CHILD ARE HARMED?

If you are or your child is harmed because of receiving DAT, treatment will not be provided by CDC. CDC does not normally pay for harm done to you/your child because of receiving DAT treatment. Thus, you (or your insurer, Medicare, or Medicaid) will have to pay for any care that is needed. However, by signing this consent form and agreeing to receive DAT treatment, you are not giving up any of your or your child's rights.

WHO DO YOU CALL WITH PROBLEMS OR QUESTIONS?

You can ask your treating physician any question you have about this treatment. If you have concerns or questions about the DAT treatment, or feel that you or your child have been harmed as a result of participating in the DAT program, please call Dr. Anna Acosta at (404) 639-1951 in the Meningitis and Vaccine Preventable Diseases Branch, National Center for Immunization and Respiratory Diseases, CDC. If you have questions about your rights as a participant in this program, please call **CDC's Human Research Protection Office** at 1-800-584-8814 and say that you are calling about CDC protocol # 4167. Leave a brief message with your name, area code, and phone number. Someone will call you back as soon as possible.

CONSENT STATEMENT

I have read the form or it has been read to me. I have been given a chance to ask questions and my questions have been answered. I agree to receive (or have my child get) DAT to treat diphtheria. I agree to allow the local/state health department, CDC, and the FDA see my/my child's medical records.

Print Patient's Name: _____

Patient's/Parent's Signature: _____ Date: _____

Note: If patient is unable to sign, a legally authorized representative may sign.

Legally Authorized Representative Signature: _____

Print Name: _____ Date: _____

IF OBTAINING INFORMED CONSENT IS NOT FEASIBLE

In the event that obtaining informed consent is not feasible because the patient is unable to respond and make wishes known about DAT treatment *and* no legal guardian or next-of-kin is present, the following provides for the treating physician to make a clinical determination to treat with DAT provided that an independent physician also certifies to the following within 5 working days of treating the patient with DAT:

1. Patient is confronted by a life-threatening situation necessitating the use of DAT.
2. Informed consent cannot be obtained from the patient because of an inability to communicate with, or obtain legally-effective consent from, the patient.
3. Time is not sufficient to obtain consent from the patient's legal representative.
4. There is no alternative method of approved or generally recognized therapy available that provides an equal or greater likelihood of saving the life of the patient.

Documented as such in the patient's medical record and will ensure the patient or patient's legally authorized representative will be made aware that investigational DAT was administered.

Name and signature of treating physician who made the determination to administer DAT to the patient when informed consent could not be obtained:

Name

Signature

Date

Name of second physician, who is not otherwise participating in this treating protocol, who reviewed and evaluated the decision to administer DAT to the patient:

Name

Signature

Date

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