Suspected Polio Case Worksheet

REPORT CONTACT

Name (Last, First)

Initial Report Date ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Address	City	County	State	Zip Code	Phone

Reporting Laboratory

State

PATIENT IDENTIFIERS

Name (Last, First)

Birth Date ☐☐ Month ☐☐ Day ☐☐☐☐ Year

City	County	State	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 ☐ H = Hispanic; N = Not Hispanic; U = Unknown

Race ☐ N = Native American / Alaskan Native; A = Asian / Pacific Islander; B = African American; W = White; O = Other; U = Unknown

Sex ☐ M = Male; F = Female

Date of Onset of First Symptoms ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Date of Onset of Paralysis ☐☐ Month ☐☐ Day ☐☐☐☐ Year

CLINICAL COURSE

Clinical Course

CSF RESULTS

Date	WBCs	RBCs	% Lymph	% Polys	Protein	Glucose
☐☐ Month ☐☐ Day ☐☐☐☐ Year						

OUTCOME

Date of 60-day Follow Up	Sites of Paralysis	Specific Sites	60-day Residual	Date of Death
☐☐ Month ☐☐ Day ☐☐☐☐ Year	☐ 1 = Spinal; 2 = Bulbar; 3 = Spino-bulbar		☐ 1 = None; 2 = Minor (any minor involvement); 3 = Significant (≤2 extremities, major involvement); 4 = Severe (≥3 extremities and respiratory involvement); 5 = Death; 9 = Unknown	☐☐ 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 Type ☐ 1 or 3 Lot Number _____	☐☐ Month ☐☐ Day ☐☐☐☐ Year Type ☐ 1 or 3 Lot Number _____	☐☐ Month ☐☐ Day ☐☐☐☐ Year Type ☐ 1 or 3 Lot Number _____

CS210384-A

INJECTIONS RECEIVED WITHIN 30 DAYS PRIOR TO ONSET OF ILLNESS

Date of First Injection ☐☐ Month ☐☐ Day ☐☐☐☐ Year
Substance of First Injection ☐
Describe _____ _____
Site of First Injection ☐

Date of Second Injection ☐☐ Month ☐☐ Day ☐☐☐☐ Year
Substance of Second Injection ☐
Describe _____ _____
Site of Second Injection ☐

Date of Third Injection ☐☐ Month ☐☐ Day ☐☐☐☐ Year
Substance of Third Injection ☐
Describe _____ _____
Site of Third Injection ☐

Date of Fourth Injection ☐☐ Month ☐☐ Day ☐☐☐☐ Year
Substance of Fourth Injection ☐
Describe _____ _____
Site of Fourth Injection ☐

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

EXPOSURE HISTORY

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? ☐
Location(s) of Exposure _____ _____ _____
Date of Departure ☐☐ Month ☐☐ Day ☐☐☐☐ Year
Date of Return ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Did Case/Household Member have Contact with Known Case? ☐ Y = Yes N = No
Contact Name (Last)_____ (First)_____
Location of Exposure _____
Date of Contact ☐☐ 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
Age ☐☐☐ 999 = Unknown
Age Type ☐
Relation _____

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

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

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

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 SPECIMENS SENT TO CDC

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 2

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

SPECIMENS FOR POLIO VIRUS ISOLATION SENT TO CDC

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

SPECIAL INVESTIGATIONS

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

Immune Deficiency Diagnosed Prior to OPV Exposure?	Immune Studies Performed	HIV Status
☐ 1 = Yes, 2 = No, 3 = Other — Diagnosis _____		☐ 1 = Positive, 2 = Negative, 9 = Unknown

ADDITIONAL COMMENTS