# 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 | Age Type | Ethnicity | Race | Sex |
|---|---|---|---|---|
| 999 = Unknown | 0 = 0–120 Years<br>1 = 0–11 Months<br>2 = 0–52 Weeks<br>3 = 0–28 Days<br>9 = Age Unknown | H = Hispanic<br>N = Not Hispanic<br>U = Unknown | N = Native American / Alaskan Native<br>A = Asian / Pacific Islander<br>B = African American<br>W = White<br>O = Other<br>U = Unknown | M = Male<br>F = Female<br>U = Unknown |

| Date of Onset of First Symptoms | Date of Onset of Paralysis |
|---|---|
| Month / Day / Year | 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<br>2 = Bulbar<br>3 = Spino-bulbar | | 1 = None<br>2 = Minor (any minor involvement)<br>3 = Significant (≤2 extremities, major involvement)<br>4 = Severe (≥3 extremities and respiratory involvement)<br>5 = Death<br>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<br>Total Doses Ever Received | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ |
| TOPV<br>Total Doses Ever Received | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ |
| BOPV<br>Total Doses Ever Received | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ | Month / Day / Year<br>Lot Number ____ |
| MOPV<br>Total Doses Ever Received | Month / Day / Year<br>Type: 1 or 3<br>Lot Number ____ | Month / Day / Year<br>Type: 1 or 3<br>Lot Number ____ | Month / Day / Year<br>Type: 1 or 3<br>Lot Number ____ |

## 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

Relation ____________

Age
999 = Unknown

Age Type

If "Yes," Date of Contact with Nonhousehold OPV Recipient
Month Day Year

Relation ____________

Age
999 = Unknown

Age Type

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

Date Contact Received OPV
Month Day Year

Dose Number____________ Lot Number ____________

## 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 ____________ Speci-men Type ____________

Date Drawn/Obtained
Month Day Year

SPECIMEN 2

Results ____________ Laboratory Name ____________ Speci-men Type ____________

Date Drawn/Obtained
Month Day Year

## LABORATORY INFORMATION (Continued)

CDC LABORATORY

### SERUM SPECIMENS SENT TO CDC

**SERUM 1**

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

**SERUM 2**

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

### SPECIMENS FOR POLIO VIRUS ISOLATION SENT TO CDC

**SPECIMEN 1**

| Speci-men Type | Results (Viral Type) | Strains (Charac-terization Results) | Date Received | Date Obtained |
|---|---|---|---|---|
| ____ | ______ | ☐ 1 = Oligo-nucleotide, 2 = Genomic Sequencing, 3 = Polymerase Chain Reaction | ☐☐ Month ☐☐ Day ☐☐☐☐ Year | ☐☐ Month ☐☐ Day ☐☐☐☐ Year |

**SPECIMEN 2**

| Speci-men Type | Results (Viral Type) | Strains (Charac-terization Results) | Date Received | Date Obtained |
|---|---|---|---|---|
| ____ | ______ | ☐ 1 = Oligo-nucleotide, 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 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