EPIDEMIOLOGIC INVESTIGATION FORM

about cases of infectious diseases controlled by specific immunoprophylaxis in vaccinated persons

1. Epidemiologic №

2. Diagnosis

3. Date of illness

4. Full name

5. Date of birth

6. Sex (male/female).

7. Name of facility where the patient works, studies or name of preschool institution, which ill child visits.

8. Data about previous infectious diseases.

Date of illness	Diagnosis

9. Availability of chronic diseases.

10. Contact with contagious patient within the month before illness (yes/no/unknown).

11. Interval between last immunization and day of illness.

12. List of all vaccinations received within the life:

Trade name	Name of manufacturer	Date	Dose	Batch	Shelf-life	Method of administration

INSTRUCTIONS FOR COMPLETING EPIDEMIOLOGIC INVESTIGATION FORM

1. Epidemiologic № (indicate epidemiologic № which is a unique number for each particular case of controlled infection in vaccinated person and shall not be repeated in certain administrative territorial unit within the reporting period).

2. Diagnosis (indicate diagnosis registered in vaccinated person).

3. Date of illness (indicate date of illness in format of day/month/year).

4. Full name (indicate full name of patient (if there is an agreement to collect and process personal data)).

5. Date of birth (indicate date of birth in format of day/month/year).

6. Sex (male/female) (indicate patient's sex).

7. Name of facility where the patient works, studies or name of preschool institution, which ill child visits (indicate name of facility where the patient works, studies or name of preschool institution, which ill child visits. If patient does not visit preschool institution and does not work when becomes ill, indicate "unemployed" or "unorganized").

8. Data about previous infectious diseases (give information about previous infectious diseases in form of table with date of illness in format of day/month/year and diagnosis. If there are no data about infectious diseases, this item shall be empty).

9. Availability of chronic diseases (indicate date in format of day/month/year and list of any chronic diseases. If there are no information about chronic diseases, this item shall be empty).

10. Contact with contagious patient within the month before illness (yes/no/unknown) (indicate information about contact with contagious patients within the month before illness).

11. Interval between last immunization and date of illness (indicate interval between the date of last immunization against infection which developed in patient and date of illness in format of day/month/years).

12. List of vaccinations received within the life (indicate in table information about all vaccinations received within the life with information about trade name, name of vaccine manufacturer, date of vaccination in format of day/month/year, dose in format ml or drops, batch (if available), shelf-life in format of day/month/year (if available), method of administration (e.g. i/v, s/c, i/c, per os)).

For example:

Trade name	Name of manufacturer	Date	Dose	Batch	Shelf-life	Method of administration
DTaP	Biolik, Ukraine, Kharkiv	02.01.2007	0.5 ml	25-5	01.01.2008	i/m
OPV	Sanofi Pasteur S.A., France	02.01.2007	4 drops	871	25.10.2007	per os