Pertussis Surveillance Worksheet

NAME (Last, First) | Hospital Record No.

Address (Street and No.) | City | County | Zip | Phone

Reporting Physician/Nurse/Hospital/Clinic/LabPhone | Address | Phone

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id | **County** | **State** | **Zip**

Birth Date (Month, Day, Year)

Age (Unk= 999)

Age Type: 0 = 0-120 years; 1 = 0-11 months; 2 = 0-52 weeks; 3 = 0-28 days; 9 = Age Unknown

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

Ethnicity: H = Hispanic; N = Not Hispanic; U = Unknown

Sex: M = Male; F = Female; U = Unknown

Event Date (Month, Day, Year)

Event Type: 1 = Onset Date; 2 = Diagnosis Date; 3 = Lab Test Done; 4 = Reported to County; 5 = Reported to State or MMWR Report Date; 9 = Unknown

Outbreak Associated: 999 = Unknown

Reported (Month, Day, Year)

Report Status: 1 = Confirmed; 2 = Probable; 3 = Suspect; 9 = Unknown

CLINICAL DATA

Any Cough? Y = Yes; N = No; U = Unknown

Cough Onset (Month, Day, Year)

Paroxysmal Cough? Y = Yes; N = No; U = Unknown

Whoop? Y = Yes; N = No; U = Unknown

Posttussive Vomiting? Y = Yes; N = No; U = Unknown

Apnea? Y = Yes; N = No; U = Unknown

Final Interview Date (Month, Day, Year)

Cough at Final Interview? Y = Yes; N = No; U = Unknown

Duration of Cough at Final Interview (Days): 0–150; 999 = Unknown

COMPLICATIONS

Chest X-ray for Pneumonia: P = Positive; N = Negative; X = Not Done; U = Unknown

Seizures Due to Pertussis: Y = Yes; N = No; U = Unknown

Acute Encephalopathy Due to Pertussis: Y = Yes; N = No; U = Unknown

Hospitalized? Y = Yes; N = No; U = Unknown

Days Hospitalized?: 0-998; 999 = Unknown

Died? Y = Yes; N = No; U = Unknown

TREATMENT

Were Antibiotics Given? Y = Yes; N = No; U = Unknown

1 = Erythromycin (incl. pediazole, ilosone); 2 = Cotrimoxazole (bactrim/septra); 3 = Clarithromycin/azithromycin; 4 = Tetracycline/Doxycycline; 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cector/Cefixime; 6 = Other; 9 = Unknown

Date Started First Antibiotic (Month, Day, Year)

Days First Antibiotic Actually Taken: 0-998; 999 = Unknown

Second Antibiotic Received: See Choices for First Antibiotic Given

Date Started Second Antibiotic (Month, Day, Year)

Days Second Antibiotic Actually Taken: 0-998; 999 = Unknown

LABORATORY

Was Laboratory Testing for Pertussis Done? Y = Yes; N = No; U = Unknown

	Result	Date Specimen Taken (Month, Day, Year)
Culture		
DFA		
Serology 1		
Serology 2		
PCR		

RESULT CODES: P = Positive; N = Negative; E = Pending; I = Indeterminate; X = Not Done; S = Parapertussis; U = Unknown

VACCINE HISTORY

Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) Y = Yes; N = No; U = Unknown

Vaccination Date (Month, Day, Year)	Vaccine Type*	Vaccine Manuf*	Lot Number

Vaccine Type Codes: W = DTP Whole Cell; A = DTaP; H = DTaP-Hib; D = DT or Td; T = DTP-Hib; P = Pertussis Only; X = Tdap; V = DTaP-IPV-Hep B; N = DTaP-IPV-Hib; K = DTaP-IPV; O = Other; U = Unknown

Vaccine Manufacturer Codes: C = Sanofi Pasteur; L = Wyeth; S = GlaxoSmithKline; M = Massachusetts Health Department; I = Michigan Health Department; N = North American Vaccine; O = Other; U = Unknown

*Record for each dose

Date of Last Pertussis-Containing Vaccine Prior to Illness Onset (Month, Day, Year)

Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset: 0-6; 9 = Unknown

Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine

1 = Religious Exemption; 2 = Medical Contraindication; 3 = Philosophical Exemption; 4 = Previous Pertussis Confirmed by Culture or MD; 5 = Parental Refusal; 6 = Age Less Than 7 Months; 7 = Other; 9 = Unknown

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department (Month, Day, Year)

Date Case Investigation Started (Month, Day, Year)

Outbreak Related? Y = Yes; N = No; U = Unknown

Epi-Linked? Y = Yes; N = No; U = Unknown

Outbreak Name (Name of outbreak this case is associated with)

If patient <12 months old:

What was the mother's age at infant's birth: _____

What was the weight of the infant at birth:

_____ lb _____ oz *OR* _____ kg _____ g

Transmission Setting (Where did this patient acquire pertussis)?

1 = Day Care; 2 = School; 3 = Doctor's Office; 4 = Hospital Ward; 5 = Hospital ER; 6 = Hosp. Outpatient Clinic; 7 = Home; 8 = Work; 9 = Unknown; 10 = College; 11 = Military; 12 = Correctional Facility; 13 = Church; 14 = International Travel; 15 = Other

Setting (Outside Household) of Further Documented spread From This Case

Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household; 16 = No Documented Spread Outside Household

Number of Contacts in Any Setting Recommended Antibiotics: 0-998; 999 = Unknown

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The information below is epidemiologically imporant, but not included on NETSS screens.

Age of the person from whom this patient contracted pertussis	Age	Age Type
	☐☐☐ 999 = Unknown	☐ 0 = 0-120 years, 1 = 0-11 months, 2 = 0-52 weeks, 3 = 0-28 days, 9 = Age unknown

Setting	In which setting was pertussis acquired? (Please specify)	In which setting was there secondary spread? (Please specify)
Day Care		
School		
Doctor's Office		
Hospital (Ward/Outpatient/Clinic)		
Home		
Travel (International/ Domestic)		
Other		
Unknown		

Name of Contact	Birthdate	Relation to Case-Patient	Case?	Case ID#	Cough Onset Date (If Present)	# of PCVs*	Date of Last PCV	Parent's Name and Phone # (If Applicable)

**PCV=Pertussis-Containing Vaccine*

Comments

Clinical Case Definition*:
A cough illness lasting ≥ 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop", or posttussive vomiting, without apparent cause

Case Classification*:

Probable: **A case that meets the clinical cas definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.**

Confirmed: **1) A case that is culture positive, and in which an acute illness of any duration is present, or**
2) a case that meets the clinical case definition and is confirmed by PCR, or
3) a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.

***CDC Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No. RR-10):39**