

PERTUSSIS DEATH WORKSHEET

NETSS ID: STATE ID:

Patients Initials:

Sex: Male Female

Date of Birth:

Race*: Ethnicity*:

Date of Cough Onset:

Reporting State:

Date of Death:

Report Completed By:
Telephone #:

Where did the patient die? ? Home ? Hospital ? En route to hospital ? Other (Specify) _____

Was an autopsy performed? Yes No Unknown

CHECKLIST OF DOCUMENTS TO BE SENT TO CDC

Send to: The Pertussis Surveillance Coordinator, MS E61, BVPD Branch, Epidemiology and Surveillance Division, National Immunization Program, Centers for Disease Control, 1600 Clifton Road NE, Atlanta, GA 30333. Fax # 404-639-8616

No.	Document**	Yes/No
1	<i>Pertussis case investigation form</i>	
2	<i>Copy of all patient's vaccination records</i>	
3	<i>Admission history and physical (H&P)</i>	
4	<i>Discharge summary</i>	
5	<i>All medical records, including Emergency Dept notes and lab results***</i>	
6	<i>Death certificate</i>	
7	<i>Autopsy report</i>	

PATIENT'S VACCINATION INFORMATION

DOSE	Antigen (Circle one)	DATE GIVEN	BRAND/MANUFACTURER	LOT NUMBER	DATA SOURCE ‡
<i>First</i>	DTP/ DTaP/ DT				
<i>Second</i>	DTP/ DTaP/ DT				
<i>Third</i>	DTP/ DTaP/ DT				
<i>Fourth</i>	DTP/ DTaP/ DT				
<i>Fifth</i>	DTP/ DTaP/ DT				

* Please use the same codes as in the Pertussis Case Report Worksheet

**Please obtain information from each hospital

*** Medical chart/record also includes inpatient progress notes, X-ray reports, echocardiography reports, Doctor's Office notes, vaccination records, lab reports

‡Data Source: Provider Record=1; Parent vaccination card=2; Other baby record (e.g. baby book)=3; Parent's History (no record)=4; Other source=5 (please specify).

OTHER STUDIES

	Yes/No	Date done	Result
Chest X-ray			
Echocardiography			

Was pulmonary hypertension a diagnosis in this patient? Yes No Unknown

Was the patient treated with antibiotics? Yes No Unknown

If Yes, please list all the antibiotics and the dates when given.

Name of Antibiotic Given	Date Started	Date Ended

OTHER MEDICAL AND FAMILY INFORMATION

What is the birth mother's date of birth? [] [] []

At the time of the patient's birth, did the mother have an immune-suppressed or a chronic underlying medical condition?

Yes No Unknown

If yes, what is the name of the condition? []

If the patient was <1 year old, what was the gestational age of the infant at the time of delivery?
[] Weeks

What was the weight of the infant at birth? [] lb [] oz or [] kg [] gm

Did the patient have underlying or previous medical conditions? Yes No Unknown

If yes, please give details.

In the table below, list everyone who lives in the household, their date of birth, age, sex, the number of doses of pertussis containing vaccine received, and date of the last pertussis vaccine dose, smoking habits at home, and the presence of a cough illness during the 3-week period prior to the cough onset date in the patient. Please indicate if pertussis was the diagnosis for the cough illness, and if so, how pertussis was confirmed.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP/DTaP/DT	Date of last dose	Smoking habits at home		Cough illness in family member during 3-week period prior to cough onset date in case-patient			
							Current smoker (Yes/No)	Avg. no. of cigarettes smoked daily	Cough (Yes/No)	Cough Onset Date	Pertussis diagnosis (Yes/No)	Confirmation method (Culture/ PCR / DFA/None)
1												
2												
3												
4												
5												
6												
7												
8												
9												

During the 3-week period prior to the cough onset, was the patient exposed to anyone **outside of the household** who was known to have a cough illness? Yes No Unknown

If yes, list all persons who had a cough illness and who may have exposed the patient, with the dates of cough onset in the table below.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP DTaP/DT vaccine *	Date of last Dose	Cough onset date	Date cough stopped	Pertussis Diagnosis	Confirmation Method (Culture/ PCR/DFA/ None)
1										
2										
3										
4										
5										

* Indicate type of vaccine if available