Pertussis Surveillance Worksheet

APPEND	IX 9
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NA	ME (Last, First)		Hospital R	ecord No.			
Ad	dress (Street and No.) City C	ty Zip Phone					
Rer	oorting Physician/Nurse/Hospital/Clinic/Lab Address			Phone			
	DETACH HERE and transmit only lower portic Pertussis Surveillanc	on if	sent to CDC	· · · · · · · · · · · · · · · · · · ·			
		ew					
C	OC NETSS id County		State	Zip			
Ri	th Date Age Age Type Race		Ethr	nicity Sex.,			
	0 = 0-120 years 3 = 0-28 days N = Native		r./Alaskan Native W = White	H = Hispanic F = Female			
	Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"/>Image: style="text-align: center;"/>Image: style="text-align: cente			N = Not Hispanic U = Unknown U = Unknown			
	Event Turo			Report Status			
Ev	4 = Reported to County Associated		1 = Indig	enous 1 = Confirmed			
	2 = Diagnosis Date MMWR Report Date		2 = Inter 3 = Out 6				
M	6 = Unknown Unk = 999	th	Day Year 9 = Unkr				
	Any Cough? Cough Onset Paroxysmal Cough? Whoop?		Chest X-ray for Pneumonia				
			N = Negative	Y = Yes N = No			
A	U = Unknown Month Day Year U = Unknown U = Unknown		X = Not Done U = Unknown	U = Unknown			
AT	Posttussive Vomiting? Apnea? Final Interview Date	2	Acute Encephalopathy Due	to Pertussis			
9	Y = Yes	A.	Y = Yes				
SAI	N = No N = No U = Unknown U = Unknown Month Day Year	Ä	U = Unknown				
CLINICAL DATA		COMPLICATION	Hospitalized? Days Hospi	talized Died?			
ŝ	Cough at Final Interview? Duration of Cough at Final Interview	8		0-998			
	U = Unknown Days		N = No U = Unknown	999 - Unknown U = Unknown			
			Was Laboratory Testing fo	r Partuasia Dana?			
	Were Antibiotics Given? First Antibiotic Received Image: transmission of the sector of the sec			Date Specimen Taken			
	N = No 2 = Cotrimoxazole (bactrim/septra) 9 = Unknown		N = No U = Unknown	Month Day Year			
	U = Unknown 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline						
44N	Date Started First Antibiotic 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime	, <u>S</u>	Culture				
ME	Days First Antibiotic Actually Taken	ATORY	DFA				
AT	Month Day Year 99 - Unknown	R	Serology 1				
TREATMENT	Second Antibiotic Received	BO	Serology 2				
	See Choices for First Antibiotic Given	LA					
	Date Started Second Antibiotic Days Second Antibiotic Actually Taken						
			RESULT CODI P = Positive E = Pending	X = Not Done U = Unknown			
	Month Day Year 99 = Unknown		N = Negative I = Indeterminat	e S = Parapertussis			
	Vaccinated? (Received any doses of diphtheria,		Data First Banartad to a	Data Caso Investigation			
	tetanus, and/or pertussis -containing vaccines)		Date First Reported to a Health Department	Started			
	Vaccine Vaccine						
	Month Day Year Type* Manuf.*		Month Day Year	Month Day Year			
			· · · · · · · · · · · · · · · · · · ·	Month Day Tea			
		K	Outbreak Related?	Epi-Linked?			
		0	Y = Yes N = No	Y = Yes N = No			
		I	U = Unknown	U = Unknown			
RΥ	╽┝┿┥┝┿┥┝┿┥╴┝┥╴┝┥┝┿┿┿╋┿┿┽	RN	Outbreak Name (Name of outbreak	ak this case is associated with)			
VACCINE HISTORY		50		· · · · · · · · · · · · · · · · · · ·			
SIF		X					
H	Vaccine Type Codes Vaccine Manufacturer Codes W = DTP Whole Cell C = Connaught	5	Transmission Setting (Where	e did this case acquire pertussis)?			
NIS	A = DTaP H = DTaP-Hib H = DTaP-Hib L = Lederle S = SmithKline Beecham (unline to a construct to be a constructed to be a const	8	1 = Day Care 6 = Hosp. Out 2 = School 7 = Home	patient Clinic 11 = Military 12 = Correctional Facility			
ACC.	D = DT or Td M = Mass. Health Department (unlikely to be available if T = DTP -Hib I = Mich. Health Department patient born before 1989)	Õ	3 = Doctor's Office 8 = Work 4 = Hospital Ward 9 = Unknown	13 = Church			
X	0 = Other 0 = Other	EPIDEMIOLOGIC INFORMATION	5 = Hospital ER 10 = College	15 = Other			
	U = Unknown U = Unknown	<u>Jia</u>					
	Date of Last Pertussis - Containing Number of Doses of Pertussis - Containing	H	Setting (Outside Househol Spread From This Case	a) of Further Documented			
	Vaccine Prior to Illness Onset		-				
	Month Day Year 0 - 6 9 = Unknown		Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household				
Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine							
	1 = Religious Exemption 5 = Parental Refusal						
	2 = Medical Contraindication 6 = Age Less Than 7 Months 3 = Philosophical Exemption 7 = Other		Number of Contacts in Any	Setting			
	4 = Previous Pertussis Confirmed by Culture or MD 9 = Unknown		Recommended Antibiotics				

*Indicates epidemiologically important items not yet on NETSS screen

DETACH HE The information below is epidemiologically i	ERE important, but not included on NETSS screens
Age Age of the person from whom this case contracted Pertussis	Age Type 0 = 0-120 years 3 = 0-28 days 1 = 0-11 months 9 = Age unknown 2 = 0-52 weeks 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		
Work		
Travel (International/Domestic)		
Other		
Unknown		

Name of Contact	Birthdate	Relation to th∉ Case	ls it a Case ?	If it's a Case, Case ID #	Cough Onset Date (If Present)	# of PCVs*	Date of Last PCV	Parent's Name and Phone # (If Applicable)
						<u> </u>		

Comments:

*PCV = Pertussis -Containing Vaccine

Clinical Case Definition*:
A cough illness lasting > 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting, without other apparent cause.

Case Classification*:

Probable: A case that meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case. Confirmed: 1) A person with an acute cough illness of any duration who is culture positive, 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. Manual for the Surveillance of Vaccine-Preventable Diseases. 1997.

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