NAME (Last, First)		Hospital Record No.

Address (Street and No.)	City	County	Zip	Phone

Reporting Physician/Nurse/Hospital/Clinic/Lab	Address	Phone

---DETACH HERE and transmit only lower portion if sent to CDC---

Pertussis Surveillance Worksheet

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 of MMWR Report Date
- 6 = Unknown

Outbreak Associated [ ][ ][ ]   Unk = 999

Reported
Month [ ][ ] Day [ ][ ] Year [ ][ ]

Imported [ ]
- 1 = Indigenous
- 2 = International
- 3 = Out of State
- 9 = Unknown

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

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

First Antibiotic Received [ ]
- 1 = Erythromycin (incl. pediazole, ilosone)
- 2 = Cotrimoxazole (bactrim/septra)
- 3 = Clarithromycin/azithromycin
- 4 = Tetracycline/Doxycycline
- 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
- 6 = Other
- 9 = Unknown

Date Started First Antibiotic
Month [ ][ ] Day [ ][ ] Year [ ][ ]

Days First Antibiotic Actually Taken [ ][ ]
- 0 - 98
- 99 - Unknown

Second Antibiotic Received [ ]
See Choices for First Antibiotic Given

Date Started Second Antibiotic
Month [ ][ ] Day [ ][ ] Year [ ][ ]

Days Second Antibiotic Actually Taken [ ][ ]
- 0 - 98
- 99 = 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
- O = Other
- U = Unknown

Vaccine Manufacturer Codes
- C = Connaught
- L = Lederle
- S = SmithKline Beecham
- M = Mass. Health Department
- I = Mich. Health Department
- N = North American Vaccine
- O = Other
- U = Unknown

*Record for each dose (unlikely to be available if patient born before 1989)

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)

Transmission Setting (Where did this case 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 [ ][ ][ ]

   ▩ *Indicates epidemiologically important items not yet on NETSS screen

--DETACH HERE --
The information below is epidemiologically important, but not included on NETSS screens

Age of the person from whom this case contracted Pertussis [ ][ ][ ] **Age**

Age Type [ ]
0 = 0-120 years   3 = 0-28 days
1 = 0-11 months   9 = Age unknown
2 = 0-52 weeks

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 the Case	Is 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)

Comments: ***PCV = Pertussis -Containing Vaccine**

Clinical Case Definition*:
A cough illness lasting $\geq$ 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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