Active Laboratory-Based Pertussis Surveillance Worksheet

APPENDIX 10

NAME (Last, First)				Hospital Record No.
Address (Street and No.)	City	County	Zip	Phone

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

Active Laboratory-Based Pertussis Surveillance Worksheet

Hospital Lab/ID

Status: Is the form complete? ☐ Y = Yes N = No

Update Date ☐☐ ☐☐ ☐☐☐☐ Month Day Year

County ☐☐ ☐

State ☐

Zip

State ID ☐

Birth Date ☐☐ ☐☐ ☐☐ Month Day Year

Age ☐☐☐

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

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	☐	☐☐ ☐☐ ☐☐
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
☐☐ ☐☐ ☐☐☐☐	☐	☐	☐☐☐☐☐☐☐☐☐☐
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Vaccine Type Codes: W = DTP Whole Cell, A = DTaP, H = DTaP-Hib, P = Pertussis Only, D = DT or Td, T = DTP-Hib, O = Other, U = Unknown

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

*Record for each dose (unlikely to be available if patient born before 1989)
*unknown = 9999999999

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

Suspected source of infection: For cases < 1 yr, is another person with suspected pertussis* known? ☐ Y = Yes, N = No, U = Unknown

Source's Age ☐☐☐ Unk = 999

Source's Age Type ☐ 0 = 0-120 years, 1 = 0-11 months, 2 = 0-52 weeks, 3 = 0-28 days, 9 = Age unk

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

Site PFGE type:

Erythromycin susceptibility test results: ☐ S = Susceptible, I = Intermediate, R = Resistant

Source's Sex ☐ 1 = Male, 2 = Female, 9 = Unk

Relation to case: ☐☐
1 = Mother
2 = Father
3 = Sister
4 = Brother
5 = Neighbor
6 = Daycare
7 = Grandparent
8 = Friend
11 = Other
99 = Unknown

* Another person with a cough who was in contact with the case 7-20 days before the case's cough

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

Comments:

Setting	In which setting was pertussis acquired (Please Specify)	In which setting was there secondary spread (Please Specify)
Daycare		
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 ≥ 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.**