Instructions for Completing the Pertussis Surveillance Worksheet

General

- If the month and year for any date is known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month).
- While "unknown" is an option for many questions, please make every effort to obtain the appropriate information.
- If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the NETSS record with the new information and resend the record during the next scheduled transmission.
- ***If*** copies of the paper form are sent to CDC, either fold back the information above the dotted line or cut it off ***after*** photocopying and ***before*** sending the rest of the information to the CDC to preserve confidentiality.

Zip Code: Requested (but not required) by the National Immunization Program for vaccine-preventable diseases. Enter a 5-digit zip code.

Birth Date: If known, enter the birth date. If unknown or before the year 1900, leave blank and enter the age and age type.

Age and Age Type: If birth date unknown and age known, enter age of patient at cough onset in number of years, months, weeks, or days as indicated by the age type codes.

Event Date and Event Type: Enter the earliest known date associated with the incidence of the disease, preferably cough onset. The event type describes the date entered in event date. The event types are listed in order of preference.

Outbreak Associated: Enter 1 if the case is outbreak associated and the state does not assign numerical values to outbreaks; if the state assigns numerical values to outbreaks, enter the assigned value; if the case is known to be not associated with an outbreak, enter 0. If unknown, enter 999.

Reported: This field is used in various ways, such as to enter the date reported to the state, a local or other health department. Check with the State Epidemiologist to determine what guidelines apply in your state.

Clinical Data

Paroxysmal Cough: Sudden, uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath.

Whoop: High-pitched noise heard on breathing in after paroxysms of cough.

Post-tussive Vomiting: Vomiting that follows a paroxysm of cough.

Apnea: Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant.

Final Interview Date: Date of the last interview conducted with the patient or care provider to obtain case information.

Duration of Cough at Final Interview: The total number of days the patient has coughed by the time of the final interview. If cough duration is < 14 days at final interview when the case is reported, it is important to recontact the patient to establish whether the patient did cough for at least 14 days. If unknown, leave blank.

Complications

Acute Encephalopathy Due to Pertussis: Acute illness of the brain manifesting as decreased level of consciousness (excluding post due to pertussis ictal state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized, and have undergone extensive evaluation. This must be verified by a physician; ***please submit the hospital discharge summary***.

Died: If patient had pertussis at the time of death, even if the immediate or underlying cause of death was not pertussis, ***please submit the hospital discharge summary, death certificate, and autopsy report (if completed).***

Laboratory

a) The "gold" standard for diagnosis of pertussis is a culture.
b) Direct fluorescent antibody testing (DFA) is of limited specificity and should not be used to confirm cases for national disease reporting and surveillance.
c) Serologic tests have not been standardized for diagnosis of pertussis and should not be used to confirm cases for national disease reporting and surveillance. A positive serology result may be based on either single sample or combined result from acute and convalescent samples.
c) Polymerase chain reaction (PCR) of nasopharyngeal swabs or aspirates is only available in certain laboratories, and direct comparison and validation with culture are needed before PCR can be used for laboratory confirmation.

Vaccine History

Vaccinated: Administration of ½ doses of vaccine or multiple small doses is not recommended and should not be considered as valid doses in assessing vaccination.

Type/Manufacturer/Brand Name:

Type	Manufacturer	Brand/Trade Name
DTP Whole Cell	Connaught/Lederle	Generic/Generic
DTaP	Connaught/Lederle/SmithKline	Tripedia®/ACEL-IMMUNE®/Infanrix™
DTaP-Hib	Connaught	TriHibit™
DT or Td	Massachusetts Health Department	Generic
DTP-Hib	Connaught/Lederle	DTP/ACTHib®/Tetrammune®
Pertussis Only (whole cell)	Michigan Biologic Products Institute	Generic

Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset: Number of doses of pertussis-containing vaccine. Count doses of any of the following: DTP, DTaP, DTP-Hib, DT, P only.

Epidemiologic Information

Date First Reported to a Health Department: Date reported is considered the earliest date the case was initially reported to a health department, either local, district, or state level health department.

Outbreak Related: Outbreak should be defined by each health department as epidemiologically indicated. For example, 2 cases occurring in 1 household may be considered an outbreak.

Epi-Linked: A case that has had close contact with a culture-confirmed case, with cough onset in the period from 30 days before to 30 days after cough onset in the culture-confirmed case, where the timing of the contact was compatible with the incubation period of pertussis (6-20 days).

Setting (Outside Household) of Further Documented Spread from This Case: Indicate setting outside household in which secondary transmission of pertussis from the case occurred.

Number of Contacts in Any Setting Recommended Antibiotics: Enter the number of contacts recommended to receive chemoprophylaxis.