Pertussis Surveillance Worksheet

APPENDIX 9

NAME (Last, First)			Hospital Record No.
Address (Street and No.)	City	County / Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address		Phone

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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

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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, 1 = 0-11 months, 2 = 0-52 weeks, 3 = 0-28 days, 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 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.**
Manual for the Surveillance of Vaccine-Preventable Diseases. 1997.

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