

Pertussis Surveillance Worksheet

NAME		ADDRESS (Street and No.)		Phone	Hospital Record No.																																																				
(last)		(first)																																																							
This information will not be sent to CDC																																																									
REPORTING SOURCE TYPE		NAME		SUBJECT ADDRESS CITY																																																					
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic		ADDRESS		SUBJECT ADDRESS STATE																																																					
<input type="checkbox"/> nurse <input type="checkbox"/> laboratory		ZIP CODE		SUBJECT ADDRESS COUNTY																																																					
<input type="checkbox"/> hospital <input type="checkbox"/> other clinic		PHONE (_____) _____		SUBJECT ADDRESS ZIP CODE																																																					
<input type="checkbox"/> other source type _____				LOCAL SUBJECT ID																																																					
CASE INFORMATION																																																									
Date of Birth _____ month day year		Country of Birth _____		Other Birth Place _____	Country of Usual Residence _____																																																				
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown																																																									
Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>				Sex M=male F=female U=unknown <input type="checkbox"/>																																																					
Age at Case Investigation _____		Age Unit* _____	Reporting County _____		Reporting State _____																																																				
Date Reported _____ month day year		Date First Reported to PHD _____ month day year		National Reporting Jurisdiction _____																																																					
Earliest Date Reported to County _____ (mm/dd/yyyy)			Earliest Date Reported to State _____ (mm/dd/yyyy)																																																						
Case Class Status <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case					Case Investigation Start Date _____ month day year																																																				
Case Detection Method	Laboratory reported	Prenatal testing	Prison entry	Provider report																																																					
	Routine physical	Self-referral	Other _____	Unknown																																																					
Case Investigation Status Code	Approved	Closed	Deleted	In progress	Notified																																																				
	Ready for review	Rejected	Reviewed	Suspended	Other _____																																																				
CLINICAL INFORMATION																																																									
Illness Onset Date _____ month day year		Illness End Date _____ month day year		Illness Duration _____	Duration Units* _____																																																				
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date _____ month day year		Hospital Discharge Date _____ month day year																																																					
Duration of Hospital Stay	0-998 999=unknown (days)	Date of Diagnosis _____ month day year		Pregnancy Status Y=yes N=no U=unknown <input type="checkbox"/>																																																					
SIGNS AND SYMPTOMS				COMPLICATIONS																																																					
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Cough Onset Date _____ (mm/dd/yyyy) month day year		Age at Cough Onset <input type="text"/> <input type="text"/> <input type="text"/>		Age Unit* _____																																																					
Total Cough Duration <input type="text"/> <input type="text"/> (days)		Was there a cough at patient's final interview? Y=yes N=no U=unknown <input type="checkbox"/>																																																							
Date of Final Interview _____ month day year		Subject died? Y=yes N=no U=unknown <input type="checkbox"/>		Deceased Date _____ month day year																																																					
Chest X-Ray for Pneumonia P=positive N=negative X=not done U=unknown <input type="checkbox"/>				Were antibiotics given? Y=yes N=no U=unknown <input type="checkbox"/>																																																					
*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown																																																									

TREATMENT

First Antibiotic Received <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date Treatment Initiated _____ <small style="text-align: center;">month day year</small>	Treatment Duration <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (days)
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ANTIBIOTIC(S) GIVEN

- 1 = amoxicillin 2 = amoxicillin-potassium clavulanate combination 3 = ampicillin 4 = azithromycin 5 = ceftriaxone 6 = cefuroxime
 7 = ciprofloxacin 8 = other _____ 9 = unknown 10 = clarithromycin 11 = doxycycline 12 = erythromycin
 13 = none 14 = penicillins 15 = trimethoprim-sulfamethoxazole 16 = tetracycline

Second Antibiotic Received <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date Treatment Initiated _____ <small style="text-align: center;">month day year</small>	Treatment Duration <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (days)
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LABORATORY INFORMATION

VPD Lab Message Reference Laboratory _____	VPD Lab Message Patient Identifier _____	VPD Lab Message Specimen Identifier _____
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Was Laboratory Testing Done to Confirm Diagnosis? Y=Yes N=No U=Unknown

Was Case Laboratory Confirmed? Y=yes N=no U=unknown Was a Specimen Sent to CDC for Testing? Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Specimen Source	Date Specimen Sent to CDC	Specimen Analyzed Date	Performing Laboratory Type
		month day year				month day year		
IgA		_____				_____	_____	
IgM		_____				_____	_____	
IgG (acute)		_____				_____	_____	
IgG (conv)		_____				_____	_____	
IgG EIA (unspec)		_____				_____	_____	
IgG toxin		_____				_____	_____	
culture		_____				_____	_____	
DFA		_____				_____	_____	
PCR		_____				_____	_____	
genotype		_____				_____	_____	
other test type		_____				_____	_____	
unspecified serology		_____				_____	_____	
unknown		_____				_____	_____	

Lab Test Interpretation Codes

BP=*Bordetella paraptussis*
 BS=*Bordetella* species
 P=positive N=negative
 I=pending X=not done
 S=significant rise in titer
 NS=no significant rise in titer
 E=Indeterminate Q=equivocal
 O=other UNK=unknown
 U=unsatisfactory

Specimen Source Codes

- | | | | | | |
|--------------------------|-------------------|----------------------|----------------|---------------------|-----------------------|
| 1=bacterial isolate | 8=other (specify) | 15=macular scraping | 22=oral swab | 29=serum | 36=swab vesicular |
| 2=blood | 9=unknown | 16=microbial isolate | 23=plasma | 30=specimen | 37=swab internal nose |
| 3=body fluid | 10=cataract | 17=NP aspirate | 24=RNA | 31=lavage | 38=throat swab |
| 4=bronchoalveolar lavage | 11=CSF | 18=NP swab | 25=saliva | 32=stool | 39=tissue |
| 5=buccal smear | 12=crust | 19=NP washing | 26=scab | 33=swab | 40=urine |
| 6=buccal swab | 13=DNA | 20=nucleic acid | 27=serum | 34=swab skin lesion | 41=vesicle fluid |
| 7=capillary blood | 14=lesion | 21=oral fluid | 28=skin lesion | 35=swab nasal sinus | 42=viral isolate |

Performing Laboratory Type 1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other 9=unknown

VACCINATION HISTORY INFORMATION

VACCINATED (has the case-patient ever received a vaccine against this disease) ? Y=yes N=no U=unknown

Was the subject vaccinated per ACIP recommendations? Y=yes N=no U=unknown

Number of doses against this disease received prior to illness onset: 0-6 99=unk (doses)

Date of last dose against this disease prior to illness onset: ____ ____ ____ (mm/dd/yyyy)

Vaccine Type	Vaccination Date <small>month day year</small>	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiry Date <small>month day year</small>	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number

<p>VACCINE TYPE CODES</p> <p>01=DTP whole cell 106=DTaP 5 pertussis 11=pertussis only 110=DTaP-IPV 20=DTaP unspecified 115=Tdap 22=DTP-Hib 120=DTaP-Hib-IPV 50=DTap-Hib 130=DTaP-IPV 102=DTP-Hib-Hep B 146=DTaP-IPV-Hib-HepB 132=DTaP-IPV-HIB,HEPB historical OTH=other (specify)</p>	<p>VACCINE MANUFACTURER CODES</p> <p>C = Sanofi Pasteur L=Wyeth S=GlaxoSmithKline M=Massachusetts Health Department I=Michigan Health Department N=North American Vaccine O = other (specify) U = unknown</p>	<p>VACCINE EVENT INFORMATION SOURCE CODES</p> <p>00= new immunization record 01= historical information, source unidentified 02= historical information, other provider 05= historical information, other registry 06= historical information, birth certificate OTH= other 07= historical information, school record UNK= unknown 08= historical information, public agency 09= historical information, patient or parent recall 10= historical information, patient or parent written record 11= primary care provider 12= medical record</p>
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Reason not Vaccinated per ACIP

1 = religious exemption 5 = MD diagnosis of previous disease 9 = unknown 13 = parent/patient unaware of recommendation
 2 = medical contraindication 6 = too young 10 = parent/patient forgot to vaccinate 14 = missed opportunity
 3 = philosophical objection 7 = parent/patient refusal 11 = vaccine record incomplete/unavailable 15 = foreign visitor
 4 = lab evidence of previous disease 8 = other _____ 12 = parent/patient report of previous disease 16 = immigrant

EXPOSURE

Epi-linked to confirmed case? Y=yes N=no U=Unknown **Outbreak related?** Y=yes N=no U=unknown **Outbreak Name** _____

Country of Exposure _____ **State/Province of Exposure** _____ **County of Exposure** _____ **City of Exposure** _____

IMPORTATION

Imported Code 1=Indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to determine source 9=unknown

Imported Country _____ **Imported State** _____ **Imported County** _____ **Imported City** _____

TRANSMISSION SETTING	1 = day care 2 = school 3 = doctor's office 4 = hospital ward 5 = hospital ER 6 = hospital outpatient 7 = home 8 = other _____ 9 = unknown 10 = college 11 = military 12 = correctional facility 13 = place of worship 14 = international travel 15 = community 16 = work 17 = athletics <input type="text"/> <input type="text"/>	Transmission Mode _____
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EPIDEMIOLOGIC INFORMATION

Mother's age at infant's birth (if case <1yr old) **Did mother receive Tdap (if case <1yr old)?** Y=yes N=no U=unknown

When was Tdap administered? prior to pregnancy during pregnancy postpartum other _____ unknown

Date Tdap Administered _____ month day year **Gestational Age (if case <1yr old)** weeks **Infant Birth Weight (if case <1 yr old)** **Birth Weight Units**
 gram pound
 kilogram ounce

Was case-patient a healthcare provider at onset of illness? Y=yes N=no U=unknown

Transmission Setting of Further Spread

1 = day care 2 = school 3 = doctor's office 4 = hospital ward 5 = hospital ER 6 = hospital outpatient clinic 7 = home
 8 = other _____ 9 = unknown 10 = college 11 = military 12 = correctional facility 13 = church
 14 = international travel 15 = work 16 = athletics 17 = community 18 = no documented spread outside 19 = setting outside household

One or more suspected sources of infection? Y=yes N=no U=unknown

Number of Suspected Sources

Suspected Source	Age	Age Unit [†]	Sex	Relationship to Case	Cough Onset Date month day year	Number of Contacts Recommended Prophylaxis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship Codes	
							bro=brother	ngh=neighbor
Source 1	---	---	---	---	---		fth=father	oth=other (specify)
Source 2	---	---	---	---	---		fnd=friend	sis=sister
Source 3	---	---	---	---	---		grp=grandparent	spo=spouse
							mth=mother	unk=unknown
							Sex Codes F=female M=male U=unk	

[†]Units a=year d=day mo=month wk=week unk=unknown

CASE NOTIFICATION

Condition Code **10190** **Immediate National Notifiable Condition** Y=yes N=no U=unknown **Legacy Case ID** _____

State Case ID _____ **Local Record ID** _____ **Jurisdiction Code** _____ **Binational Reporting Criteria** _____

Date First Verbal Notification to CDC _____ month day year **Date First Electronically Submitted** _____ month day year

Date of Electronic Case Notification to CDC _____ month day year **MMWR Week** _____ **MMWR Year** _____

Current Occupation (type of work case-patient does) _____ **Current Occupation Standardized (NIOCCS code)** _____

Current Industry (type of business or industry in which case-patient works) _____ **Current Industry Standardized (NIOCCS code)** _____

Person Reporting to CDC NAME _____ (first) _____ (last) **Person Reporting to CDC Email** _____ @ _____ **Person Reporting to CDC Phone Number** (____) _____

COMMENTS

CLINICAL CASE DEFINITION[†]

PROBABLE

In the absence of a more likely diagnosis, a cough illness lasting ≥ 2 weeks, with

- At least one of the following signs or symptoms:
 - Paroxysms of coughing; or inspiratory "whoop"; or
 - Post-tussive vomiting; or
 - Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Absence of laboratory confirmation;

And

- No epidemiologic linkage to a laboratory-confirmed case of pertussis

OR, FOR INFANTS AGED <1 YEAR ONLY:

Acute cough illness of any duration, with

- At least one of the following signs or symptoms:
 - Paroxysms of coughing; or
 - Inspiratory "whoop"; or
 - Post-tussive vomiting; or
 - Apnea (with or without cyanosis)

And

- Polymerase chain reaction (PCR) positive for pertussis;

OR, FOR INFANTS AGED <1 YEAR ONLY:

Acute cough illness of any duration, with

- At least one of the following signs or symptoms:
 - Paroxysms of coughing; or
 - Inspiratory "whoop"; or
 - Post-tussive vomiting; or
 - Apnea (with or without cyanosis)

And

- Contact with a laboratory-confirmed case of pertussis

CONFIRMED

Acute cough illness of any duration, with isolation of *B. pertussis* from a clinical specimen.

OR

Cough illness lasting ≥ 2 weeks, with

- At least one of the following signs or symptoms:
 - Paroxysms of coughing; or
 - Inspiratory "whoop"; or
 - Post-tussive vomiting; or
 - Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Polymerase chain reaction (PCR) positive for pertussis.

OR

Cough illness lasting ≥ 2 weeks, with

- At least one of the following signs or symptoms:
 - Paroxysms of coughing; or
 - Inspiratory "whoop"; or
 - Post-tussive vomiting; or
 - Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Contact with a laboratory-confirmed case of pertussis[§].

[†]<https://www.cdc.gov/nndss/conditions/pertussis/case-definition/2014/>

[§]Note: An illness meeting the clinical case definition should be classified as "probable" rather than "confirmed" if it occurs in a patient who has contact with an infant aged <1 year who is Polymerase Chain Reaction (PCR) positive for pertussis and has ≥ 1 sign or symptom and cough duration <14 days (classified as "probable" case).