

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 <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____			NAME _____ ADDRESS _____ ZIP CODE _____ PHONE (____) _____																																						
SUBJECT ADDRESS CITY _____ SUBJECT ADDRESS STATE _____ SUBJECT ADDRESS COUNTY _____ SUBJECT ADDRESS ZIP CODE _____ LOCAL SUBJECT ID _____																																									
CASE INFORMATION																																									
Date of Birth ____-____-____ <small>month day year</small>		Sex M=male F=female U=unknown <input type="checkbox"/>		Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>																																					
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																																									
Country of Birth _____		Other Birth Place _____		Country of Usual Residence _____																																					
Age at Case Investigation _____		Age Unit* _____	Reporting County _____		Reporting State _____																																				
Date Reported ____-____-____ <small>month day year</small>	Date Reported to County ____-____-____ <small>month day year</small>		Date First Reported to PHD ____-____-____ <small>month day year</small>	Earliest Date Reported to State ____-____-____ <small>month day year</small>	National Reporting Jurisdiction _____																																				
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 ____-____-____ <small>month day year</small>																																					
Case Detection Method <input type="checkbox"/> prenatal testing <input type="checkbox"/> prison entry <input type="checkbox"/> provider report <input type="checkbox"/> routine physical <input type="checkbox"/> self-referral <input type="checkbox"/> other _____ <input type="checkbox"/> unknown																																									
Case Investigation Status Code <input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> other _____ <input type="checkbox"/> rejected <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown																																									
CLINICAL INFORMATION																																									
Illness Onset Date ____-____-____ <small>month day year</small>		Illness End Date ____-____-____ <small>month day year</small>		Illness Duration ____	Duration Units* ____																																				
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date ____-____-____ <small>month day year</small>		Hospital Discharge Date ____-____-____ <small>month day year</small>																																					
Duration of Hospital Stay 0-998 _____ 999=unknown (days)		Date of Diagnosis ____-____-____ <small>month day year</small>		Pregnancy Status Y=yes N=no U=unknown <input type="checkbox"/>																																					
SIGNS AND SYMPTOMS			Type of Complications																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">U</th> </tr> </thead> <tbody> <tr> <td>Apnea</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cough</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cyanosis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Paroxysmal cough</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Y=yes N=no U=unknown</p>				Y	N	U	Apnea				Cough				Cyanosis				Paroxysmal cough				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">U</th> </tr> </thead> <tbody> <tr> <td>Post-tussive vomiting</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Whoop</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other (specify) _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Y=yes N=no U=unknown</p>				Y	N	U	Post-tussive vomiting				Whoop				Other (specify) _____			
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Cough Onset Date ____-____-____ <small>month day year</small>		Total Cough Duration [][] (days)		Age at Cough Onset [][]	Age Unit* ____																																				
Cough at Final Interview? Y=yes N=no U=unknown <input type="checkbox"/>	Date of Final Interview ____-____-____ <small>month day year</small>		Subject Died? Y=yes N=no U=unknown <input type="checkbox"/>	Deceased Date ____-____-____ <small>month day year</small>																																					
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 **Date Treatment Initiated** ____ ____ ____
month day year
Treatment Duration (days)

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 **Date Treatment Initiated** ____ ____ ____
month day year
Treatment Duration (days)

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory _____ **VPD Lab Message Patient Identifier** _____ **VPD Lab Message Specimen Identifier** _____

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	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

Specimen Source Codes

BP= <i>Bordetella parapertussis</i> BS= <i>Bordetella</i> species P=positive N=negative E=pending X=not done S=significant rise in titer NS=no significant rise in titer I=Indeterminate Q=equivocal O=other (specify) U=unknown	1=bacterial isolate 10=cataract 19=nasopharyngeal isolate 28=scab 37=nasal sinus 2=blood 11=CSF 20=nasopharyngeal swab 29=serum 38=vesicula swab 3=body fluid 12=lesion 21=nasopharyngeal washing 30=skin lesion 39=internal nose 4=bronchoalveolar lavage 13=microbial isolate 22=nucleic acid 31=specimen 40=throat 5=buccal smear 14=crust 23=oral fluid 32=lung 41=tissue 6=buccal swab 15=DNA 24=oral swab 33=lavage 42=urine 7=capillary blood 16=lesion 25=plasma 34=stool 43=vesicle fluid 8=other (specify) 17=macular scraping 26=RNA 35=swab 44=viral isolate 9=unknown 18=microbial isolate 27=saliva 36=skin lesion swab	
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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 (specify) 9=unknown

VACCINATION HISTORY INFORMATION

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

Vaccinated per ACIP Recommendations? Y=yes N=no U=unknown

Number of Doses Against This Disease Received Prior to Illness Onset 0-6 (doses)
99=unk

Date of Last Dose Against This Disease Prior to Illness Onset _____
month day year

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

VACCINE TYPE CODES

W=DTP whole cell X=Tdap
 A=DTaP unspecified K=DTaP-IPV
 R=DTaP 5 pertussis V=DTaP-IPV-HepB
 H=DTap-Hib N=DTaP-IPV-Hib
 D=DT or Td H=DTaP-IPV-HIB-HEPB historical
 T=DTP-Hib B=DTaP,IPV,Hib,HepB
 P=pertussis only O=other (specify)

VACCINE MANUFACTURER CODES

C = Sanofi Pasteur
 L=Wyeth
 S=GlaxoSmithKline
 M=Massachusetts Health Department
 I=Michigan Health Department
 N=North American Vaccine
 O = other (specify)
 U = unknown

VACCINE EVENT INFORMATION SOURCE CODES

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

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
 14 = international travel 15 = community 16 = work 17 = athletics 13 = place of worship

Transmission Mode _____ **COMMENTS**

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 _____ **Gestational Age** **Infant Birth Weight** **Birth Weight Units**
month day year (if case <1yr old) weeks (if case <1 yr old) g=gram lb=pound Kg=kilogram oz=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 <small>month day year</small>	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	---	----	---	----	-----		fnf=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 _____ **Date First Electronically Submitted** _____
month day year month day year

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

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

Current Occupation _____ **Current Occupation Standardized** _____

Current Industry _____ **Current Industry Standardized** _____

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://wwwn.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).