**Pertussis Death Worksheet**

*This supplemental worksheet should be used for all known laboratory-diagnosed or epidemiologically-linked pertussis-related deaths, whether or not the decedent meets the CSTE pertussis case definition requirements for reporting. This worksheet is not intended for use among decedents with clinical suspicion of pertussis in the absence of laboratory testing or epidemiologic linkage to another laboratory-confirmed case. At a minimum, pertussis should be listed as a discharge diagnosis, cause of death, or contributing condition. Information for this worksheet should be obtained from surveillance case investigations, hospital records, and/or death certificates. Where appropriate, this information should match the information reported through NNDSS to CDC.*

**Decedent State of Residence**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Decedent Information**

| **State surveillance ID (if reported)** |  |
| --- | --- |
| **County of residence** |  |
| **State where death occurred** |  |
| **Date of birth** |  |
| **Country of birth** |  |
| **Gestational age at birth (decedents < 1 year of age only)†** |  |
| **Cough onset date\*** |  |
| **Date of death** |  |
| **Sex** |  |
| **Race** |  |
| **Ethnicity** |  |

*†Gestational age should be reported in weeks and should reflect the number of* ***completed*** *weeks of gestation at the time of death.*

*\*If cough not apparent (e.g. infants presenting with apnea, cyanosis, etc.) enter date of symptom onset.*

**Clinical Symptoms, Complications, Lab Testing and Epidemiologic Linkage, check all that apply:**

| **Clinical symptoms**  | [ ] Cough [ ] Paroxysms [ ]  Post-tussive vomiting [ ] Whoop [ ] Apnea [ ] Cyanosis [ ] Fever [ ] Rhinorrhea [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ None  |
| --- | --- |
| **Cough duration (days)** |  □ Unknown  |
| **Pertussis laboratory results** | [ ] Culture+ [ ] PCR+ [ ] Serology+ [ ] Respiratory Panel+: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Complications experienced** | [ ] Pneumonia [ ] Encephalopathy [ ] Seizures [ ] Lymphocytosis[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ None  |
| **Was decedent hospitalized?** | [ ] Yes [ ] No [ ] Unknown  *If yes, dates of hospital admission and discharge or death: \_ \_ / \_ \_ / \_ \_ through \_ \_ / \_ \_ / \_ \_* |
| **Treatments/Interventions** | [ ] **Antibiotics** *Start date: \_ \_ / \_ \_ / \_ \_* [ ] **Intubation** *Date: \_ \_ / \_ \_ / \_ \_* [ ] **ECMO** *Start date: \_ \_ / \_ \_ / \_ \_* [ ]  **Other(specify)**:\_\_\_\_\_\_\_\_\_\_\_*Date: \_ \_ / \_ \_ / \_ \_* □ None □ Unknown |
| **Epi-linked to a lab-confirmed case?** | [ ] Yes [ ] No □ Unknown |
| **Family history of cough?** | [ ] Yes [ ] No □ Unknown |

**Underlying Health Issues, check all that apply □** None **□** Unknown

Please select any chronic or acute health conditions that the decedent had prior to his/her pertussis infection.

| [ ] AIDS or CD4 count <200 [ ]  Emphysema/COPD [ ]  Parkinson’s Disease[ ] Alcohol abuse, current [ ]  Heart failure/CHF [ ]  Peripheral neuropathy[ ] Alcohol abuse, past [ ]  HIV infection [ ]  Plegias/paralysis[ ] Aspiration, history of [ ]  Hodgkin’s Disease/lymphoma [ ]  Pulmonary hypertension[ ] Asthma [ ]  Immunoglobulin deficiency [ ]  Reactive airway disease [ ] Atherosclerotic Cardiovascular [ ]  Immunosuppressive therapy [ ]  Seizure/seizure disorder Disease/CAD (steroids, chemo, radiation) [ ]  Sickle cell anemia[ ] Bone marrow transplant (BMT) [ ]  IVDU, current\* [ ]  Smoking, current\*[ ] Bronchopulmonary dysplasia (BMD), [ ]  IVDU, past\* . [ ]  Smoking, past\* history of (also called chronic lung [ ] Leukemia [ ]  Solid organ malignancydisease (CLD)) [ ]  Multiple myeloma [ ]  Solid organ transplant[ ] Cerebral vascular accident/stroke [ ]  Multiple sclerosis [ ]  Splenectomy/asplenia[ ] Chronic kidney disease [ ]  Nephrotic syndrome [ ]  Systemic lupus[ ]  Cirrhosis/liver failure [ ]  Neuromuscular disorder erythematosus (SLE)[ ]  Complement deficiency [ ]  Obesity [ ]  Other chronic lung [ ]  Congenital heart disease [ ]  Other drug use, current\* conditions[ ]  Current chronic dialysis [ ]  Other drug use, past\* [ ]  Other prior illnesses:[ ]  Cystic fibrosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Dementia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Diabetes mellitus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

\*Current = within the previous 12 months. Past = more than 12 months ago.

**Co-Infections and Other Diagnoses, check all that apply □** None **□** Unknown

Please select any diagnoses or other infections identified via laboratory testing during the decedent’s pertussis illness.

| [ ] Respiratory Syncytial Virus (RSV) [ ]  Influenza A [ ] Influenza B [ ] Rhinovirus [ ] Coronavirus [ ]  Parainfluenza [ ]  human Metapneumovirus (hMPV) [ ]  Adenovirus [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |
| --- |

**Decedent Pertussis Vaccination History (complete if not already available on surveillance case report form)**

 **□**Unvaccinated **□**Unknown

| **Dose** | **Vaccine (DTP, DTaP, Tdap, etc.)** | **Date Administered** | **Manufacturer/Lot #** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

*Data should be obtained from: provider medical records, immunization registries, shot cards/other family records, patient/parent report (no record), or school records.*

**Maternal Tdap History (For pertussis decedents < 12 months of age only)**

 **□** Unvaccinated **□** Unknown

| **Dose** | **Date Administered** | **Pregnancy Status at Administration\*\*** | **If Pregnant at Administration, Week of Pregnancy±** | **Delivery/ Expected Delivery Date** | **Manufacturer/****Lot #** |
| --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

*\*\*Pregnancy status responses include: Pregnant, Post-Partum, and Neither.*

*±Fill in the number of completed weeks of pregnancy at the time of mother’s Tdap administration.*

**Post Mortem Examination and Death Certificate Information**

| **Was a post-mortem exam done?** | [ ] Yes [ ] No □ Unknown  |
| --- | --- |
| **Is death certificate available?** | [ ] Yes [ ] No □ Unknown |
| **Causes of death: □** Unknown | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Contributing conditions: □** Unknown | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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