**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 malignancy  disease (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |