Pertussis Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ 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 _ _ _ _ _ _ _ _ (month day year) | **Country of Birth** _____ | **Other Birth Place** _____ | **Country of Usual Residence** _____

Race ☐American Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other_____ ☐ Unknown

Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐ | **Sex** M=male F=female U=unknown ☐

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 ☐ Suspected ☐ Probable ☐ Confirmed ☐ Unknown ☐ Not a case | **Case Investigation Start Date** _ _ _ _ _ _ _ _ (month day year)

Case Detection Method ☐ prenatal testing ☐ prison entry ☐ provider report ☐ routine physical ☐ self-referral ☐ other _____ ☐ unknown

Case Investigation Status Code ☐approved ☐closed ☐deleted ☐in progress ☐notified ☐ other_____ ☐ rejected ☐ reviewed ☐suspended ☐unknown

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 ☐ | **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 ☐

SIGNS AND SYMPTOMS

	Y	N	U		Y	N	U
Apnea				Post-tussive vomiting			
Cough				Whoop			
Cyanosis				Other (specify) _____			
Paroxysmal cough				_____			

Y=yes N=no U=unknown

COMPLICATIONS

	Y	N	U
Encephalopathy			
Seizures			
Other _____			

Y=yes N=no U=unknown

Cough Onset Date _ _ _ _ _ _ _ _ (month day year) (mm/dd/yyyy) | **Age at Cough Onset** ☐☐☐ | **Age Unit*** _____

Total Cough Duration ☐☐☐ (days) | **Was there a cough at patient's final interview?** Y=yes N=no U=unknown ☐

Date of Final Interview _ _ _ _ _ _ _ _ (month day year) | **Subject died?** Y=yes N=no U=unknown ☐ | **Deceased Date** _ _ _ _ _ _ _ _ (month day year)

Chest X-Ray for Pneumonia P=positive N=negative X=not done U=unknown ☐ | **Were antibiotics given?** Y=yes N=no U=unknown ☐

***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 (month day year)	Test Result Quantitative	Result Units	Specimen Source	Date Specimen Sent to CDC (month day year)	Specimen Analyzed Date (month day year)	Performing Laboratory Type
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 parapertussis*
BS=*Bordetella* 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

Specimen Source Codes

1=bacterial isolate
2=blood
3=body fluid
4=bronchoalveolar lavage
5=buccal smear
6=buccal swab
7=capillary blood
8=other (specify)
9=unknown
10=cataract
11=CSF
12=lesion
13=microbial isolate
14=crust
15=DNA
16=lesion
17=macular scraping
18=microbial isolate
19=nasopharyngeal isolate
20=nasopharygeal swab
21=nasopharygeal washing
22=nucleic acid
23=oral fluid
24=oral swab
25=plasma
26=RNA
27=saliva
28=scab
29=serum
30=skin lesion
31=specimen
32=lung
33=lavage
34=stool
35=swab
36=skin lesion swab
37=nasal sinus
38=vesicula swab
39=internal nose
40=throat
41=tissue
42=urine
43=vesicle fluid
44=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 (month day year)	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiry Date (month day year)	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number

VACCINE TYPE CODES

W=DTP whole cell
A=DTaP unspecified
R=DTaP 5 pertussis
H=DTap-Hib
D=DT or Td
T=DTP-Hib
P=pertussis only
X=Tdap
K=DTaP-IPV
V=DTaP-IPV-HepB
N=DTaP-IPV-Hib
H=DTaP-IPV-HIB-HEPB historical
B=DTaP,IPV,Hib,HepB
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
07= historical information, school record
08= historical information, public agency
09= historical information, patient or parent recall
10= historical information, patient or parent written record
OTH= other
UNK= unknown

Reason not Vaccinated per ACIP

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

Transmission Mode _____

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)
Source 1	__ __	__ __ __	___	__ __ __	__ __ __ __ __ __ __ __
Source 2	__ __	__ __ __	___	__ __ __	__ __ __ __ __ __ __ __
Source 3	__ __	__ __ __	___	__ __ __	__ __ __ __ __ __ __ __

Number of Contacts Recommended Prophylaxis ☐☐☐☐

Relationship Codes
bro=brother ngh=neighbor
fth=father oth=other (specify)
fnd=friend sis=sister
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 Electonically 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[ŦŦ]

PROBABLE

- In the absence of a more likely diagnosis, illness meeting the clinical criteria

OR

- Illness with cough 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 (epidemiological linkage)

CONFIRMED

Acute cough illness of any duration, with

- Isolation of *B. pertussis* from a clinical specimen **OR**
- PCR positive for *B. pertussis*

[ŦŦ]https://wwwn.cdc.gov/nndss/conditions/pertussis/case-definition/2020/