Pertussis (Bordetella pertussis)
Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, as a guide when investigating pertussis reports. For more detailed information, refer to the pertussis disease chapter which can be accessed via:  https://www.nj.gov/health/cd/topics/pertussis.shtml

☐ Review reported laboratory result(s) to understand what has been reported
  o Culture and polymerase chain reaction (PCR) positive results will meet laboratory criteria
  o Serology results, while not confirmatory, may indicate disease and should be investigated to determine if case meets clinical case definition
  o A case can still meet clinical case definition with no laboratory testing (or negative results)
  o Single cases of Bordetella parapertussis are not reportable

☐ Obtain relevant clinical and epidemiologic information
  o Interview medical provider
    o It is important to speak with someone in the office. Please do not rely only on faxing case investigation forms.
    o Inquire about cough onset/duration and presence of whoop/paroxysms/posttussive vomiting/apnea
      ▪ If case was asymptomatic, why was test ordered?
    o If provider states they are not diagnosing with pertussis, request the alternate diagnosis (and/or inquire as to reason for ordering test)
    o Inquire about appropriate treatment for pertussis, type and dates of antibiotics prescribed
  o Interview case/guardian – this is extremely important
    o If initial contact information is unavailable or incorrect:
      ▪ medical providers may have alternate contact info on file
      ▪ NJIIS is a great resource
      ▪ reverse search on the address or tax records are also possible sources of alternate contact information.
  o Verify case’s demographic info (e.g., spelling of name, DOB, address, race/ethnicity, etc)
  o Verify symptoms (see below)
  o Obtain/document pertussis immunization dates
  o Exposure
    ▪ Source of infection known?
    ▪ Recent travel? (obtain details such as location, dates, flight information)
    ▪ Other risk factors?
□ Verify symptoms
  o Determine cough onset date and duration
    o Use a calendar, prompt with important events/holidays
    o If chronic cough, did nature of cough change? If so, when?
    o It is important to determine if the cough lasted at least 14 days, for cases with only serology or no laboratory testing
      ▪ If 14 days have not yet elapsed from cough onset, follow up with case at day 14 or later to determine if cough is still present or has ceased
    o Did case experience whoop or paroxysms or posttussive vomiting or apnea? Please inquire about EACH of these symptoms

□ Determine infectious & incubation periods
  o Infectious period: date of cough onset + 21 days (or through day 5 of appropriate antibiotics)
  o Incubation period: Date of last exposure to case while infectious + 21 days

□ Identify close contacts exposed to case while infectious
  o Refer identified exposed close contacts to their primary medical provider for follow up and evaluation for PEP (regardless of pertussis immunization status)
  o Symptomatic contacts should be excluded from work, school, and activities until they have received medical evaluation and completed 5 days of appropriate antibiotics
  o Document assessment/prophylaxis of close contacts in the Contact Tracing section of CDRSS
  o Follow up with case/contacts at the end of one full incubation period to determine if any secondary cases occurred (those cases, in turn, should be investigated)

□ Finalize CDRSS data entry, assign appropriate case classification, and “LHD Close” case when investigation is complete:
  o Illness onset date, specifically cough onset date
  o Demographics (including race/ethnicity)
  o Signs/symptoms (including onset dates)
    o Cough, whoop, paroxysms, posttussive vomiting, apnea
    o Cough duration: ≥ or < 14 days
  o Risk factors
  o Hospital admission/discharge dates (if applicable)
  o Mortality
  o Immunizations (specifically, pertussis immunizations)
  o Treatment (document antibiotics administered to treat pertussis w/ dates)
  o Assessment/prophylaxis of close contacts

□ As with all communicable disease investigations, please feel free to contact your Regional Epidemiologist or the Disease Subject Matter Expert with any questions