

Case Status	
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Possible
<input type="checkbox"/> Probable	<input type="checkbox"/> Not a Case
CDRSS#	E#

PERTUSSIS INVESTIGATION RECORD

PATIENT INFORMATION			
Name of Patient (Last) (First)		Name of Parent/Guardian	
Address		Telephone No. ()	
City		Zip Code	County
Name of School/Work/Child Care		Facility Contact Name	
Address		Telephone No. ()	

REPORTING INFORMATION			
Reporting Source	Treating Physician Name	Address of Physician	Telephone No. ()
Date(s) Physician Saw	Date Reported to LHD	Name of Investigator	Telephone No. ()
Hospital	Hospital Record #	Hospital Address	Telephone No. ()

ADDITIONAL PATIENT INFORMATION			
CDRSS #	County	State	Zip
Birth Date (Month/Day/Year) ___/___/___	Age (Unknown = 999) ___	Age Type 0 = 1-120 Years 1 = 0-11 Months	2 = 0-52 Weeks 3 = 0-28 Days 9 = Age Unknown
Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American	W = White O = Other U = Unknown	Ethnicity H = Hispanic N = Not Hispanic U = Unknown	Sex M = Male F = Female U = Unknown
Event Date (Month/Day/Year) ___/___/___	Event Type 1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done	4 = Reported to County 5 = Reported to State as of MMWR Report Date 6 = Unknown	
Reported (Month/Day/Year) ___/___/___	Imported 1 = Indigenous 2 = International	3 = Out of State 9 = Unknown	Report Status 1 = Confirmed 2 = Probable 3 = Possible 4 = Not a Case 9 = Unknown

CLINICAL DATA			
Any Cough? Y = Yes N = No U = Unknown	Cough Onset (Month/Day/Year) ___/___/___	Paroxysmal Cough? Y = Yes N = No U = Unknown	
Whoop? Y = Yes N = No U = Unknown	Post-tussive Vomiting? Y = Yes N = No U = Unknown	Apnea? Y = Yes N = No U = Unknown	
Final Interview Date (Month/Day/Year) ___/___/___	Cough at Final Interview? Y = Yes N = No U = Unknown	Duration of Cough at Final Interview? ___ Days	

COMPLICATIONS			
Chest X-Ray for Pneumonia? P = Positive N = Negative	X = Not Done U = Unknown	Seizures Due to Pertussis? Y = Yes N = No U = Unknown	Acute Encephalopathy Due to Pertussis? Y = Yes N = No U = Unknown
Hospitalized? Y = Yes N = No U = Unknown	Days Hospitalized? 0 - 998 999 = Unknown	Died? Y = Yes N = No U = Unknown	

TREATMENT			
Were Antibiotics Given? Y = Yes N = No U = Unknown	First Antibiotic* Received (refer to list of choices)	Date Started First Antibiotic (Month/Day/Year) ___/___/___	Days First Antibiotic Actually Taken? 0 - 98 99 = Unknown
List of Choices for Antibiotics: 1 = Erythromycin (incl. pediazole, ilosone) 2 = Cotrimoxazole (bactrim/sepra) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin /Ceclor/Cefixime 6 = Other 9 = Unknown	Second Antibiotic Received (refer to list of choices*)	Date Started Second Antibiotic (Month/Day/Year) ___/___/___	Days Second Antibiotic Actually Taken? 0 - 98 99 = Unknown

FOR STATE USE ONLY:	Date Surveillance Rec'd at State	Date Reviewed at State	Final Case Status by State	E-Number	Date Sent to CDC
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**PERTUSSIS INVESTIGATION RECORD
(Continued)**

LABORATORY			
*Not recommended for Confirmation Was Laboratory Testing for Pertussis Done? <input type="checkbox"/> Y = Yes N = No U = Unknown	Culture:	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ___/___/___
	PCR:	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ___/___/___
	*DFA:	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ___/___/___
	*Serology 1:	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ___/___/___
	*Serology 2:	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ___/___/___
** Result Codes: P = Positive X = Not Done N = Negative S = Parapertussis E = Pending U = Unknown I = Indeterminate			
VACCINE HISTORY			
Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)? <input type="checkbox"/> Y = Yes N = No U = Unknown			
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ___/___/___	Vaccine Type *** _____	Vaccine Mfgr. **** _____	Lot Number _____
<i>Record Vaccine Type and Vaccine Manufacturer for each dose (unlikely to be available if patient born before 1988).</i>	*** Vaccine Type Codes W = DTP Whole Cell P = Pertussis Only A = DTaP N = TdaP H = DTaP - Hib R = DTaP - HepB - IPV D = DT or Td O = Other T = DTP - Hib U = Unknown	**** Vaccine Manufacturer Codes C = Sanofi-Pasteur I = Mich. Health Dept. L = Lederle N = North American Vaccine S = GlaxoSmithKline O = Other M = Mass. Health Dept. U = Unknown	
Date of Last Pertussis-Containing Vaccine Prior to Illness Onset (Month/Day/Year) ___/___/___	Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset _____ 0 - 6 9 = Unknown		
Reason Not Vaccinated With ≥3 Doses of Pertussis Vaccine _____	1 = Religious Exemption 2 = Medical Contraindication 4 = Previous Pertussis Confirmed by Culture	5 = Parental Refusal 6 = Age Less Than 7 Months	7 = Other 9 = Unknown
EPIDEMIOLOGIC INFORMATION			
Date First Reported to a Health Department (Month/Day/Year) ___/___/___	Date Case Investigation Started (Month/Day/Year) ___/___/___		
Outbreak Related _____	Y = Yes N = No U = Unknown	Epi-Linked? _____ Y = Yes N = No U = Unknown	
Transmission Setting (Where did this case acquire pertussis)? 1 = Day Care 6 = Hospital Outpatient Clinic 11 = Military 2 = School 7 = Home 12 = Correctional Facility 3 = Doctor's Office 8 = Work 13 = Church 4 = Hospital Ward 9 = Unknown 14 = International Travel 5 = Hospital ER 10 = College 15 = Other			
Setting (Outside Household) of Further Documented Spread From This Case _____	1 = Day Care 7 = >1 Setting Outside Household 2 = School 8 = Work 3 = Doctor's Office 9 = Unknown 4 = Hospital Ward 10 = College 5 = Hospital ER 11 = Military	12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other 16 = No Documented Spread Outside Household	Number of Contacts in Any Setting Recommended Antibiotics _____

EPIDEMIOLOGICAL INFORMATION

Index Case	Date of Onset of Cough
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| <p>1. IDENTIFICATION: An acute bacterial disease involving the tracheobronchial tree. The initial catarrhal stage has an insidious onset with an irritating cough which gradually becomes paroxysmal, usually within 1 to 2 weeks, and lasts for 1 to 2 months. Paroxysms are characterized by repeated violent cough; each series of paroxysms has many coughs without intervening inhalation, followed by a characteristic crowing or high pitched inspiratory whoop; paroxysms frequently end with the expulsion of clear, tenacious mucus. Young infants and adults often do not have the typical paroxysm.</p> | <p>2. INCUBATION PERIOD: From 5 to 21 days; almost uniformly within 10 days.</p> <p>3. PERIOD OF COMMUNICABILITY: Communicability is the greatest in catarrhal stage before onset of paroxysms. The organism rarely can be recovered after the 4th week of the disease. The period of communicability may be much shorter in patients receiving certain antimicrobial drugs.</p> |
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Contacts	Relation to Patient	Date of Exposure	Age	Sex	Phone	Name of School or Workplace	Drug Therapy			No. of PCV's*	Date of Last PCV *
							Drug	Start	End		

Comments:

* PCV = Pertussis-Containing Vaccine