Department of Health Services
Surveillance and Statistics Section
MS 7306
P.O. Box 997413
Sacramento, CA 95899-7413

PERTUSSIS CASE REPORT

County	Case number

Patient name–last	first	middle initial	Date of birth (mm/dd/yy)	Age	Gender (sex)
			____ / ____ / ____	☐ days (if < 1 wk. old) ☐ weeks (if < 1 mo. old) ☐☐ months (if 1–23 mo. old) ☐☐ years (if ≥ 2 yrs. old) ☐ check if age unknown	☐ Male ☐ Female

Address (street, number or P.O. Box)	Telephone number Home ( )	Telephone number Work ( )

City	County	State	ZIP code	Census tract

Reporting physician/nurse/hospital/clinic	Address (number, street)	City	ZIP code	Telephone number ( )

Form completed by	Date completed	Telephone number ( )	Health district

RACE (check one)
☐ African-American/Black ☐ White ☐ Native American ☐ Asian/Pacific Islander ☐ Other ____________

ETHNICITY (check one)
☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

☐ Asian—Please also check ***one*** box below:
☐ Asian Indian ☐ Cambodian (Non-Hmong) ☐ Chinese ☐ Thai
☐ Filipino ☐ Laotian (Non-Hmong) ☐ Japanese ☐ Other Asian
☐ Hmong ☐ Vietnamese (Non-Hmong) ☐ Korean

☐ Pacific Islander—Please also check ***one*** box below:
☐ Guamanian ☐ Other Pacific Islander
☐ Samoan
☐ Hawaiian

Cough?	If yes, onset date (mm/dd/yy)	Paroxysmal Cough?	Whoop?	Post-tussive vomiting?
☐ Yes ☐ No ☐ Unknown	____ / ____ / ____	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Apnea?	Final interview date (mm/dd/yy)	Cough at final interview? (Do final interview at least 14 days after cough onset.)	Duration of cough at final interview (Cough must be > to 14 days unless culture positive or epi-linked.)
☐ Yes ☐ No ☐ Unknown	____ / ____ / ____	☐ Yes ☐ No ☐ Unknown	

Chest X-Ray for Pneumonia?	Seizures due to pertussis?	Acute encephalopathy due to pertussis?	Hospitalized due to pertussis?	If yes, number of days hospitalized	Outcome
☐ Positive ☐ Negative ☐ Not done ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐	☐ Survived ☐ Died ☐ Unknown

Were antibiotics given?	Antibiotic given	Date started antibiotic	Days antibiotic actually taken
☐ Yes ☐ No ☐ Unknown	First Antibiotic given *(Use codes provided)*	Date started first antibiotic (mm/dd/yy) ____ / ____ / ____	Days first antibiotic actually taken
	Second Antibiotic given *(Use codes provided)*	Date started second antibiotic (mm/dd/yy) ____ / ____ / ____	Days second antibiotic actually taken

"Antibiotic Given" Codes
1 = Erythromycin (includes pediazole, iolsone)
2 = Cotrimoxazole (Bactrim/Septra)
3 = Clarithromycin/azithromycin
4 = Tetracycline/Doxycycline
5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/ Ceclor/Cefixime
6 = Other
9 = Unknown

	Date of Sample (mm/dd/yy)	**Test Date** (mm/dd/yy)	**Result** *(Use codes provided)*
Culture	____ / ____ / ____	____ / ____ / ____	____________
DFA	____ / ____ / ____	____ / ____ / ____	____________
PCR	____ / ____ / ____	____ / ____ / ____	____________
PFGE	____ / ____ / ____	____ / ____ / ____	____________

"Result" Codes
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not Done
S = Parapertussis
U = Unknown

Highest peripheral white blood count	Absolute lymphocyte count	Differential
/mm3	/mm3	____% neut or PMN (seg + band) ____% lymph (lymph + mono) ____% Eosin + Basoph/other

SEROLOGY—Draw Both Sera

	Date specimen taken (mm/dd/yy)		Antibody Type	Antigen	Numerical result	Interpretation
Serology 1	____________	Test a.	______	______	______	______
		Test b.	______	______	______	______
		Test c.	______	______	______	______
		Test d.	______	______	______	______
Serology 2	____________	Test a.	______	______	______	______
		Test b.	______	______	______	______
		Test c.	______	______	______	______
		Test d.	______	______	______	______

☐ Check here if interpretation is significant antibody level rise between Serology 1 and Serology 2

"Antibody Type" Codes
1 = IgG 2 = IgA
3 = Other/Specify ____________
9 = Unknown

"Antigen" Codes
1 = Pertussis toxin (PT)
2 = Fimbriated hemaglutinin (FHA)
3 = Other/Specify ____________
9 = Unknown

Interpretation Codes
1 = Significantly elevated or "high"
2 = Borderline elevated
3 = In "normal" or "control" range
4 = Antibody present—no interpretation of normal vs. high level
5 = Indeterminate—unclear if antibody present or not
6 = No antibody detected
9 = Other/Unknown: ____________

Clinical picture
1 = Cough lasting 14 days or longer, plus paroxysms, whoop, or post-tussive vomiting
2 = Cough lasting 14 days or longer, but none of the above
3 = Cough lasting less than 14 days
9 = Unknown

Epi-linked? (Epi-linked to a lab-confirmed case) ❐ Yes ❐ No ❐ Unknown

Name of that case

Outbreak related? (Part of cluster of five or more cases, at least one lab-confirmed) ❐ Yes ❐ No ❐ Unknown

If yes, outbreak name or location

Outbreak number

To be completed by State

Pertussis Diagnosis Status

*1=**Lab-confirmed:** By culture or Polymeraic Chain Reaction (PCR); serology does not confirm.
*2=**Epi-confirmed: Either** meets **clinical picture code 1** and is **epi-linked** to a lab-confirmed case, **or** meets clinical picture code 1 or 2 and is **outbreak-related**
*3=**Probable**: Meets clinical picture code 1 but is not **lab-confirmed, epi-linked, or outbreak-related**
4=**Not pertussis**
9=**Unknown or unclear**
***Counted and reported to CDC**

Date first reported to Health Department (mm/dd/yy) ______ / ______ / ______

Date investigation started (mm/dd/yy) ______ / ______ / ______

Number of contacts ill ❐ Check if unknown

Number of contacts in any setting for whom antibiotics were recommended

Most likely setting where this case acquired the infection and/or setting(s) where the case spread the infection

	Day Care	School	Doctor's Office/Clinic	Hospital/ Inpatient	Hospital/ ER	Home	Work	College	Military	Jail/ Prison	Church	Outside California	Unknown	Other (please specify)
Setting of acquisition	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐ ____________
Setting of spread	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐ ____________

Was there close contact with a person with a persistent cough within 21 days before the onset of symptoms? ❐ Yes ❐ No ❐ Unknown

If yes: Name ____________ Relationship ____________

Age (yrs.)

Gender (sex) ❐ Male ❐ Female

Was the contact in the same household? ❐ Yes ❐ No ❐ Unknown

If no, address of contact (number,street)

City

State

ZIP code

Household contacts under six years of age exposed to case

Name	Dates of DTP/DTaP *(mm/dd/yy)* #1	#2	#3	#4	#5
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

CASE'S VACCINE HISTORY *(complete only for children less than 15 years old)*

Vaccinated? (Received any doses of pertussis-containing vaccines?) ❐ Yes ❐ No ❐ Unknown

Number of doses of pertussis-containing vaccine prior to illness onset ❐Unknown

Reason not vaccinated with three or more doses of pertussis vaccine
1 = Religious exemption
2 = Medical contradiction or vaccine reaction
3 = Philosophical/personal beliefs exemption
4 = Previous pertussis diagnosis
5 = Age less than seven months
6 = Delay in starting series or delay between doses
7 = Other
9 = Unknown

	#1	#2	#3	#4	#5
Vaccination date (mm/dd/yy)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Vaccine Type (see Type Codes)					
Vaccine Manufacturer (see Manufacturer Codes)					
Lot Number (if known)					

Vaccine Type Codes
W = DTP Whole Cell
A = DTaP
T = DTP-Hib Combo
P = Pertussis only
D = DT or Td
O = Other
U = Unknown

Vaccine Manufacturer's Codes
C = Connaught
L = Lederle
M = Massachusett's Health Dept.
I = Michigan Health Dept.
O = Other ___________
U = Unknown

Pertussis Information

Incubation period—7–10 days; rarely up to 21 days.

Communicable period—From onset of first symptoms and up to 21 days after paroxysmal cough onset, or up to 5 days after starting appropriate antimicrobial therapy.

Mode of transmission—Direct or indirect contact via respiratory secretions; also airborne.

Paroxysmal cough—Sudden uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath.

Whoop—High-pitched noise on inhaling after a coughing spasm.

Post-tussive vomiting—Vomiting that follows a paroxysm of coughing.

Apnea—Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant.

Duration of cough—The total number of days the patient has coughed by the time of the final interview. If cough duration is less than 14 days at final interview when the case is reported, recontact the patient to establish whether the patient did cough for a least 14 days.

Acute Encephalopathy due to pertussis—Acute illness of the brain manifesting as decreased level of consciousness (excluding post-ictal state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized.

Pertussis Treatment and Chemoprophylaxis

14 days of:

Erythromycin—Adults: 250 mg q.i.d. for prophylaxis, 250 or 500 mg q.i.d. for treatment; children: 40–50 mg/kg/day in divided doses; **or**

Cotrimoxazole (TMP/SMX, Bactrim, Septra) — Adults: two regular strength tablets b.i.d., or one double-strength tablet b.i.d; children: TMP—8 mg/kg/day; SMX—40 mg/kg/day—divided in two doses; **or**

Clarithromycin—Adults: 500 mg b.i.d.; children: 15 mg/kg/day divided in two doses; **or**

Tetracycline—Adults: 500 mg q.i.d.; children age nine years and older: 25 mg/kg/day in divided doses.