ALABAMA DEPARTMENT OF PUBLIC HEALTH
Division of Epidemiology

# Pertussis Case Report

| **Date of onset:** _____ /_____/ _____ month day year | **For Central Office Use Only** ☐ Confirmed case ☐ Probable case ☐ Not a case | Record #: _____ _____ Case status:_____ _____ |
|---|---|---|

| Patient's last name (please print clearly): | First name: | Middle name (or initials): | |
|---|---|---|---|
| Street address: | Town or City: | County: | Zip code: |

Telephone number of patient:
HOME ( ) WORK ( ) MESSAGE ( )

| Date of birth: _____ / _____ / _____ Month Day Year | Age: Yrs _____ Mos _____ | Sex: ☐ Male ☐ Female ☐ Unknown | Race: ☐American Indian/Alaskan Native ☐Black ☐ White ☐Asian/Pacific Islander ☐Hispanic ☐Other |
|---|---|---|---|

Was the patient hospitalized? 1 ☐Yes 2 ☐No 9 ☐Unk. | Did the patient die?..... 1 ☐Yes 2 ☐No 9 ☐Unk.

If yes, name of hospital_____ | Occupation: | Number of prophylaxed contacts:

Date admitted: _____ / _____ / _____ Month Day Year Total days hospitalized: _____

| Name of reporting individual/institution: | Telephone number of reporter : ( ) | Date county notified: _____ / _____ / _____ Month Day Year |
|---|---|---|
| Name of physician: | City of physician: | Telephone number of physician: ( ) |

## 1. Clinical Data

A. Any cough: ☐Yes ☐No ☐Unk B. Date of onset of cough: _____ /_____/ _____ month day year

C. Paroxysmal cough: ☐Yes ☐No ☐Unk D. Whoop: ☐Yes ☐No ☐Unk

E. Posttusive vomiting: ☐Yes ☐No ☐Unk F. Apnea: ☐Yes ☐No ☐Unk

F. Date of final interview: _____ /_____/ _____ month day year G. Cough at final interview: ☐Yes ☐No ☐Unk

H. Duration of cough at final interview (estimate of total days): _____

## 2. Complications

A. Chest X-ray for pneumonia: ☐Positive ☐Negative ☐Not done ☐Unknown

B. Generalized or focal seizures due to pertussis: ☐Yes ☐No ☐Unk

C. Acute encephalopathy due to pertussis: ☐Yes ☐No ☐Unk

## 3. Treatment

A. Were antibiotics given: ☐Yes ☐No ☐Unk

B. First antibiotic received (check one):
1 ☐Erythromycin (inc. pediazole) 5 ☐Amoxicillin/Penicillin
2 ☐Cotrimoxaz (bact/sept) 6 ☐Other
3 ☐Clarithromycin/Azithromycin 7 ☐Unknown
4 ☐Tetracycline/Doxycycline

C. Date first antibiotic started: _____ /_____/ _____ month day year D. Number of days first antibiotic actually taken: _____

E. Second antibiotic received (check one):
1 ☐Erythromycin (inc. pediazole) 5 ☐Amoxicillin/Penicillin
2 ☐Cotrimoxaz (bact/sept) 6 ☐Other
3 ☐Clarithromycin/Azithromycin 7 ☐Unknown
4 ☐Tetracycline/Doxycycline

F. Date second antibiotic started: _____ /_____/ _____ month day year G. Number of days first antibiotic actually taken: _____

## 4. Laboratory

A. Was laboratory testing for pertussis done? ☐Yes ☐No ☐Unk

| | | | | |
|---|---|---|---|---|
| 1. Culture | Result: | ☐Positive<br>☐Negative<br>☐Indeterminate<br>☐Pending | ☐Not done<br>☐Parapertussis<br>☐Unknown | Date culture specimen collected:<br>_____/_____/_____<br>month day year<br>Lab name:_____ |
| 2. DFA | Result: | ☐Positive<br>☐Negative<br>☐Indeterminate<br>☐Pending | ☐Not done<br>☐Parapertussis<br>☐Unknown | Date DFA specimen collected:<br>_____/_____/_____<br>month day year<br>Lab name:_____ |
| 3. Serology<br>Lab name:_____ | Result: | ☐Positive<br>☐Negative<br>☐Indeterminate<br>☐Pending | ☐Not done<br>☐Parapertussis<br>☐Unknown | Date first specimen collected:<br>_____/_____/_____<br>month day year<br>Date second specimen collected:<br>_____/_____/_____<br>month day year |
| 4. PCR | Result: | ☐Positive<br>☐Negative<br>☐ Indeterminate<br>☐Pending | ☐Not done<br>☐Parapertussis<br>☐Unknown | Date PCR specimen collected:<br>_____/_____/_____<br>month day year<br>Lab name: _____ |

B. Is case laboratory confirmed: ☐Yes ☐No ☐Unk

## 5. Vaccine History

A. Prior to illness had the patient received *a pertussis containing* vaccine? 1 ☐Yes 2 ☐No 9 ☐Unknown

B. Date of last pertussis vaccine prior to illness onset: _____/_____/_____
month day year

| DOSE | DATE GIVEN<br>Mo. Day Yr. | VACCINE NAME/MANUFACTURER | LOT NUMBER |
|---|---|---|---|
| 1 | _____/_____/_____ | _____/_____ | _____ |
| 2 | _____/_____/_____ | _____/_____ | _____ |
| 3 | _____/_____/_____ | _____/_____ | _____ |
| 4 | _____/_____/_____ | _____/_____ | _____ |
| 5 | _____/_____/_____ | _____/_____ | _____ |
| 6 | _____/_____/_____ | _____/_____ | _____ |

C. Doses of pertussis-containing vaccine prior to illness onset? _____

D. If NOT vaccinated, check reason:
1 ☐Religious exemption
2 ☐Med contraindication
3 ☐Philosophical objection
4 ☐Previous disease confirmed by lab/MD
5 ☐Parental refusal
6 ☐Age less than 7 months
7 ☐Other _____
9 ☐ Unknown

## 6. Epidemiologic Information

A. Date first reported to a health department: _____/_____/_____
month day year

B. Date case investigation started: _____/_____/_____
month day year

C. Epi-linked to other confirmed/probable cases: 1 ☐Yes 2 ☐No 9 ☐Unknown

D. Outbreak related: 1 ☐Yes 2 ☐No 9 ☐Unknown E. Outbreak name: _____

F. Transmission setting:

| | | |
|---|---|---|
| 1 ☐ Religious exemption | 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 |

G. Setting for further documented spread from this case: _____

Date of interview: _____/_____/_____
month day year

Signature: _____ Date: _____/_____/_____
month day year

Title of investigator:_____