### Pertussis Surveillance Worksheet

**NAME (Last, First)**

**Address (Street and No.)**

**City**

**County**

**Zip**

**Phone**

**Reporting Physician/Nurse/Hospital/Clinic/Lab/Phone**

**Address**

**Page 1 of 2**

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**CDC NETSS id**

**77997-5**

**County**

**DEM165**

**State**

**DEM162**

**Zip**

**DEM163**

**Demographic Data**

- **Day of Birth**
- **Month**
- **Age**
- **Type**
- **Race**
- **Ethnicity**
- **Sex**

**Event Date**

- **Month**
- **Day**
- **Year**

**Event Type**

- **1 = Onset**
- **2 = Lab Test**
- **3 = Report**

**Birth Date**

- **Month**
- **Day**
- **Year**

**Reported**

- **Month**
- **Day**
- **Year**

**Outbreak Associated**

- **Month**
- **Day**
- **Year**

**Outbreak Related?**

- **1 = Confirmed**
- **2 = Probable**
- **3 = Suspect**

**Date First Reported to a Health Department**

- **Month**
- **Day**
- **Year**

**Date Case Investigation Epi-Linked?**

- **1 = Yes**
- **2 = No**

**Reason Not Vaccinated**

- **1 = Religious Exemption**
- **2 = Medical Contraindication**
- **3 = Philosophical Exemption**
- **4 = Previous Pertussis Confirmed by Culture or MD**

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**Clinical Data**

- **Any Cough?**
- **Cough Onset**
- **Paroxysmal Cough?**
- **Whoop?**
- **Cough at Final Interview?**
- **Duration of Cough at Final Interview**
- **Apnea?**

**Posttussive Vomiting?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**Antibiotics Given?**

- **Y = Yes**
- **N = No**
- **U = Unknown**

**Date Started First Antibiotic**

- **Month**
- **Day**
- **Year**

**Days First Antibiotic Actually Taken**

- **1-999**
- **999 = Unknown**

**Date Started Second Antibiotic**

- **Month**
- **Day**
- **Year**

**Days Second Antibiotic Actually Taken**

- **1-999**
- **999 = Unknown**

**Laboratory**

- **Was Laboratory Testing for Pertussis Done?**
- **Result**
- **Date Specimen Taken**

**Epidemiologic Information**

- **Transmission Setting**
- **Setting Outside Household**

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**Vaccine History**

- **Vaccine History**

**Number of Doses of Pertussis-Containing Vaccine**

- **0-6**
- **6-9**
- **9 = Unknown**

**Vaccine**

- **Type**
- **Manufacturer**
- **Lot**

**Vaccine Codes**

- **DTaP**
- **Hib**
- **Td**
- **Pertussis Only**

**Reason Not Vaccinated with >3 Doses of Pertussis Vaccine**

- **1 = Religious Exemption**
- **2 = Parental Refusal**
- **3 = Age Less Than 7 Months**
- **4 = Other**

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**Complications**

- **Acute Encephalopathy Due to Pertussis**
- **Seizures Due to Pertussis**
- **Chest X-ray for Pneumonia**

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**Hospitalizations?**

- **Yes**
- **No**
- **Unknown**

**Days Hospitalized?**

- **1-999**
- **999 = Unknown**

**Sicklines Due to Pertussis**

- **Yes**
- **No**
- **Unknown**

**Reason Not Vaccinated With >3 Doses of Pertussis Vaccine**

- **1 = Religious Exemption**
- **2 = Parental Refusal**
- **3 = Age Less Than 7 Months**
- **4 = Other**

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**TREATMENT**

- **Tetracycline/Doxycline**
- **Cotrimoxazole (bactrim/septra)**
- **Erythromycin (incl. pediazole, ilosone)**

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**VACCINE**

- **Type**
- **Manufacturer**
- **Lot**

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**Epidemiologic Information**

- **Setting (Outside Household) of Further Documented Spread From This Case**

**Transmission Setting**

- **Home**
- **School**
- **Day Care**
- **Hospital**

**Setting Outside Household of Further Documented Spread From This Case**

- **Yes**
- **No**
- **Unknown**

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**Vaccination Date**

- **Month**
- **Day**
- **Year**

**Vaccination Day**

- **Month**
- **Day**
- **Year**

**Vaccination History**

- **30952-6**
- **30956-7**
- **30957-5**
- **30959-1**

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**Centers for Disease Control and Prevention**

**Appendix 11**

**DETACH HERE and transmit only lower portion if sent to CDC**
The information below is epidemiologically important, but not included on NETSS screens.

**Age of the person from whom this patient contracted pertussis**

<table>
<thead>
<tr>
<th>Age</th>
<th>Age Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRT074</td>
<td>0 = 0-120 years</td>
</tr>
<tr>
<td>999 = Unknown</td>
<td>3 = 0-28 days</td>
</tr>
<tr>
<td>2 = 0-52 weeks</td>
<td>9 = Age unknown</td>
</tr>
</tbody>
</table>

**Setting**

- In which setting was pertussis acquired? (Please specify)
  - Day Care
  - School
  - Doctor’s Office
  - Hospital (Ward/Outpatient/Clinic)
  - Home
  - Travel (International/ Domestic)
  - Other
  - Unknown

**In which setting was there secondary spread? (Please specify)**

**Name of Contact**

<table>
<thead>
<tr>
<th>Relation to Case-Patient</th>
<th>Case?</th>
<th>Case ID#</th>
<th>Cough Onset Date (If Present)</th>
<th># of PCVs*</th>
<th>Date of Last PCV</th>
<th>Parent’s Name and Phone # (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRT077</td>
<td></td>
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<tr>
<td>PRT088</td>
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</tr>
</tbody>
</table>

*PCV=Pertussis-Containing Vaccine

**Comments**

77999-1

**Clinical Case Definition**: A cough illness lasting ≥ 2 weeks with one of the following: paroxysms of coughing, inspiratory “whoop”; or posttussive vomiting, without apparent cause

**Case Classification**:  
- Probable: A case that meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.
- Confirmed: 1) A case that is culture positive, and in which an acute illness of any duration is present, or 2) a case that meets the clinical case definition and is confirmed by PCR, or 3) a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.

*CDC Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No. RR-10):39*