

NAME (Last, First) Hospital Record No. Address (Street and No.) City DEM161 County DEM165 Zip DEM163 Phone Reporting Physician/Nurse/Hospital/Clinic/LabPhone Address Phone

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id INV200 County DEM165 State DEM162 Zip DEM163 Birth Date DEM115 Age 77998-3 Age Type INV2002 Race DEM152 Ethnicity DEM155 Sex DEM113 Event Date Event Type 1=11368-8 4=77972-8 2=77975-1 5=77973-6 3=LAB108 Outbreak Associated Reported 77995-9 Report Status 77990-0

CLINICAL DATA Any Cough? Cough Onset 49727002 INV550 Paroxysmal Cough? Whoop? 43025008 60537006 Posttussive Vomiting? 424580008 Apnea 1023001 Final Interview Date INV555 Cough at Final Interview? PRT008 Duration of Cough at Final Interview INV557

COMPLICATIONS Chest X-ray for Pneumonia 30745-4 Seizures Due to Pertussis 91175000 Acute Encephalopathy Due to Pertussis 81308009 Hospitalized? 77974-4 Days Hospitalized? 78033-8 Died? 77978-5

TREATMENT Were Antibiotics Given? 29303-5 Date Started First Antibiotic 63936-9 Days First Antibiotic Actually Taken 67453-1 Second Antibiotic Received 29303-5 Date Started Second Antibiotic 63936-9 Days Second Antibiotic Actually Taken 67453-1

LABORATORY Was Laboratory Testing for Pertussis Done? 549-6 Culture LAB163 550-4 DFA 20992-4 Serology 1 23826-1 PCR Serology 2 INV291

VACCINE HISTORY Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) VAC126 Vaccination Date Vaccine Type* Vaccine Manuf* Lot Number VAC103 VAC101 VAC107 VAC108

EPIDEMIOLOGIC INFORMATION Date First Reported to a Health Department 77970-2 Date Case Investigation Started 77979-3 Outbreak Related? 77980-1 Epi-Linked? INV907 Outbreak Name (Name of outbreak this case is associated with) 77981-9

Date of Last Pertussis-Containing Vaccine Prior to Illness Onset VAC142 Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset VAC140 Reason Not Vaccinated With >= 3 Doses of Pertussis Vaccine VAC149

Transmission Setting (Where did this patient acquire pertussis?) INV224 Setting (Outside Household) of Further Documented spread From This Case INV561 Number of Contacts in Any Setting Recommended Antibiotics INV562

CS21853-A 11/2010

