Tennessee Department of Health

Pertussis Case Report

Draft, Revised: 09/2010

Please fill out all three pages of this form as complete as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Notify CEDS Immunization Program regarding this case.

DEMOGRAPHICS

CASE ID#:_____

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/_____

Reported Age: _____ □ Days □ Months □ Years **Sex:** □ Male □ Female □ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone - Home: _____ **Work:** _____ **Cell:** _____

Ethnicity: □ Hispanic □ Not Hispanic

Race: □ American Indian / Alaskan □ Asian □ Black / African American □ Hawaiian / Pacific Islander □ White □ Other (_____)

Employer/School/Daycare: _____ **Occupation:** _____

ALTERNATE CONTACT INFORMATION

Last Name: _____ **First:**_____ **Relationship:** □ Parent □ Spouse □ Household Member □ Friend □ Other _____

Phone #:_____

INVESTIGATION SUMMARY

Jurisdiction: □ East Tennessee □ Mid-Cumberland □ Northeast □ South Central □ Southeast □ West Tennessee □ Upper Cumberland □ Nashville/Davidson □ Chattanooga/Hamilton □ Knoxville/Knox □ Jackson/Madison □ Memphis/Shelby □ Sullivan □ Out of Tennessee □ Unassigned

INVESTIGATION SUMMARY

Investigation Start Date: _____/_____/_____

Investigation Status: □ Open □ Closed

Investigator: _____

Date Assigned to Investigation: _____/_____/_____

Physician: _____

Physician's Phone: _____

REPORTING SOURCE

Date of Report: _____/_____/_____

Reporting Source: _____

Earliest Date Reported to County: _____/_____/_____

Earliest Date Reported to State: _____/_____/_____

Reporter: _____

CLINICAL INFORMATION

HOSPITAL INFORMATION

Was the patient hospitalized for this illness? □ Yes □ No □ Unknown

Hospital: _____

Admission Date:____/____/_____ **Discharge Date:** ____/____/_____

Diagnosis Date: ____/____/_____ **Illness Onset Date:** ____/____/_____

CONDITION

Patient <12 months old?: □ Yes □ No □ Unknown

Mother's age at infant's birth?_____

Infant's birth weight:____ **lbs**____ **oz**

or _____ **gms**

or □ Unknown

SYMPTOMS

Did the patient have a cough? □ Yes □ No □ Unknown

Onset date: ____/____/_____ **Duration** (# of days): _____

Paroxysmal cough? □ Yes □ No □ Unknown

Whoop? □ Yes □ No □ Unknown

Post-tussive Vomiting? □ Yes □ No □ Unknown

Apnea? □ Yes □ No □ Unknown

Date of final interview: _____/_____/_____

Did the patient have a cough at final interview? □ Yes □ No □ Unknown

COMPLICATIONS

Result of chest x-ray for pneumonia? _____

P = Positive N = Negative X = Not Done U = Unknown

Did the patient have generalized or focal seizures due to pertussis? □ Yes □ No □ Unknown

Did the patient have Acute encephalopathy due to pertussis? □ Yes □ No □ Unknown

Did the patient die from pertussis or complications associated with pertussis? □ Yes □ No □ Unknown

COMMENTS

TREATMENT

CASE ID#:____________________

Were antibiotics given? ☐ Yes ☐ No ☐ Unknown

Choices for antibiotics:
1 = Erythromycin (incl. pediazole, ilosone)
2 = Cotrimoxazole (bactrim/septra)
3 = Clarithromycin/Azithromycin
4 = Tetracycline/Doxycycline
5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
6 = Other
9 = Unknown

Name of FIRST antibiotic?_______ (use number from choices)

Date first antibiotic started? ____/____/_______

Number of days first antibiotic actually taken?_______

Name of SECOND antibiotic?_______ (use number from choices)

Date second antibiotic started? ____/____/_______

Number of days second antibiotic actually taken?_______

LABORATORY

Was laboratory testing done for pertussis? ☐ Yes ☐ No ☐ Unknown *(If yes, complete the table below.)*

	Culture	Serology 1	Serology 2	PCR	Other Lab Tests
Was testing performed?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Name of Laboratory					
Date Specimen Taken	___/____/______	___/____/______	___/____/______	___/____/______	___/____/______
Result of Test	☐ Parapertussis ☐ Indeterminate ☐ Negative ☐ Not Done ☐ Other ☐ Pending ☐ Positive ☐ Unknown	☐ Parapertussis ☐ Indeterminate ☐ Negative ☐ Not Done ☐ Other ☐ Pending ☐ Positive ☐ Unknown	☐ Parapertussis ☐ Indeterminate ☐ Negative ☐ Not Done ☐ Other ☐ Pending ☐ Positive ☐ Unknown	☐ Parapertussis ☐ Indeterminate ☐ Negative ☐ Not Done ☐ Other ☐ Pending ☐ Positive ☐ Unknown	☐ Parapertussis ☐ Indeterminate ☐ Negative ☐ Not Done ☐ Other ☐ Pending ☐ Positive ☐ Unknown

Were the clinical specimens sent to CDC for genotyping (molecular typing)? ☐ Yes ☐ No ☐ Unknown

Date sent for genotyping: ______/______/_________

Specimen Type:__________________________________

VACCINATION

Did the patient receive pertussis containing vaccine? ☐ Yes ☐ No ☐ Unknown **If No, reason (use number from choices): _____**

Number of doses given:_______ If < 3 doses given, reason (use number from choices): _____

Reason:
1 - Born outside of US
2 - Laboratory evidence of previous disease
3 - MD diagnosis of previous disease
4 - Medical Contraindication
5 - Never offered vaccination
6 - Parent/Patient forgot to vaccinate
7 - Parent/Patient refusal
8 - Parent/Patient report of disease
9 - Philosophical objection
10 - Religious exemption
11 - Underage for vaccination
12 - Unknown
13 - Other (______________)

How may doses of Tdap or DTaP were given 2 weeks or more before illness onset?________

Date of last Tdap or DTaP before illness:
____/____/_______
☐ Dates Unknown

	Date	Type	Mfgr.	Lot #	Anatomical Site
1	______/______/________				
2	______/______/________				
3	______/______/________				
4	______/______/________				
5	______/______/________				
6	______/______/________				

Vaccine Manufacturer Codes

C = Connaught
L = Lederle
S = Smith Kline Beecham
M = Mass. Health Dept.
I = Mich. Health Dept.
N = North American Vaccine
O = Other
U = Unknown

Vaccine Type Codes

W = DTP Whole Cell
A = DTaP
H = DTaP - Hib
U = Unknown
P = Pertussis Only
N = TdaP
R = DTaP - HepB - IPV
D = DT or Td
T = DTP - Hib
O = Other

EPIDEMIOLOGIC INFORMATION

CASE ID#:_____

Date First Reported to the Health Department: _____/_____/_____ **Date Case Investigation Started:** _____/_____/_____

Is this case epi-linked to a laboratory confirmed case?: □ Yes □ No □ Unknown ***If yes*, Case ID of epi-linked case:** _____

Is this case part of an outbreak?: □ Yes □ No □ Unknown ***If yes*, outbreak name:** _____

What was the transmission setting (Where did this case acquire pertussis)?_____

1 - Athletics	2 - College	3 - Community	4 - Correctional facility	5 - Day Care	6 - Doctor's office
7 - Home	8 - Hospital ER	9 - Hospital outpatient clinic	10 - Hospital ward	11 - International travel	12 - Military
13 - Church	14 - School	15 - Unknown	16 - Work	17 - Other	

Was there one or more suspected sources of infection (A suspected source is another person with a cough who was in contact the with case 7-20 Days before the case's cough)?
□ Yes □ No □ Unknown

Number of suspected sources of infection?_____

For each suspected source of infection, add the following:

	Age	Gender	Relationship to case	# doses of Tdap or DTaP?	Estimated cough date	Relationship Choices
1						Brother, Father, Friend, Grandparent, Mother, Neighbor, Sister, Spouse, Unknown, Other
2						
3						
4						
5						

Was there documented transmission from this case to a new setting (outside of the household) ? □ Yes □ No □ Unknown

What was the new setting (outside of the household) for transmission of pertussis from this case? _____

1 - Athletics	2 - College	3 - Community	4 - Correctional facility	5 - Day Care	6 - Doctor's office
7 - Home	8 - Hospital ER	9 - Hospital outpatient clinic	10 - Hospital ward	11 - International travel	12 - Military
13 - Church	14 - School	15 - Unknown	16 - Work	17 - Other	

***Number of contacts of this case recommended to receive antibiotic prophylaxis?**_____ (*See page 4 for Contact Information)

Confirmation Method: □ Clinical Diagnosis □ Epidemiologically-linked □ Lab Confirmed □ Other (_____)

Case Status: □ Confirmed □ Suspect □ Probable

COMMENTS

FOR ADMINISTRATIVE USE ONLY:

Date of Interview: ____/____/_____ **Was the case entered into NEDSS?** □ Yes □ No □ Unknown

Interviewer's Name: _____ **Date entered into NEDSS:** ____/____/_____

Other Notes: _____ **Data Entry Person's Name:** _____

CONTACT INFORMATION

Identify potentially exposed persons (Contacts) through routine communicable disease interview of the case. The top priority is finding exposed high-risk contacts (e.g., children under 1 year of age, pregnant women, immune deficiency condition, healthcare workers), in order to provide prophylaxis promptly.

Index Case Name:	**Index Case #:**	**Date of Cough Onset:**

Contact Name	Date of Birth	Relationship To case	Date of exposure	Rx start date if applicable	# of *Vaccine's	Date of Last Tdap or DTaP		Is this a case?	If it's a case, Case ID#	Cough Onset Date		Parent Name/Number (if applicable)

Comments:

* Vaccine - Tdap or DTaP