



Enhanced Pertussis Surveillance Case Report Form

A Component of the Emerging Infections Program Network

DEMOGRAPHICS

1 State ID

2 County

3 Status: Is the Form Complete?

 Y: Yes
 N: No

4 State

5 Zip Code

6 Sex

 M: Male
 F: Female
 U: Unknown

7 Birth Date

8 Age

9 Age Type

 1: 0-120 Years
 2: 0-11 Months
 3: 0-52 Weeks
 4: 0-28 Days
 9: Unknown

10 Race (check all that apply)

 N: Native Amer./Alaskan Native
 A: Asian/Pacific Islander
 B: African American
 O: Other
 W: White
 U: Unknown

11 Ethnicity

 H: Hispanic
 N: Not Hispanic
 U: Unknown

12 Event Date

13 Event Type

 1: Onset Date
 2: Diagnosis Date
 3: Lab Test Done
 4: Reported to County
 5: Reported to State or MMWR Report Date
 9: Unknown

14 Date Reported to CDC

15 Report Status

 1: Confirmed
 2: Probable
 3: Suspect
 9: Unknown

16 Final BORDETELLA Species

 1: Pertussis
 2: Parapertussis
 3: Holmesii
 4: Bronchiseptica
Identified by Laboratory Test for Pertussis:

CLINICAL DATA

17 Any Cough?

 Y: Yes
 N: No
 U: Unknown

18 Cough Onset Date

19 Paroxysmal Cough?

 Y: Yes
 N: No
 U: Unknown

20 Whoop?

 Y: Yes
 N: No
 U: Unknown

21 Posttussive Vomiting?

 Y: Yes
 N: No
 U: Unknown

22 Apnea?

 Y: Yes
 N: No
 U: Unknown

23 Number of Physician Visits Prior to Diagnosis

24 Cough at Final Interview?

 Y: Yes
 N: No
 U: Unknown

25 Duration of Cough at Final Interview

26 Final Interview Date

COMPLICATIONS

27 X-Ray for Pneumonia?

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

28 Seizures?

 Y: Yes
 N: No
 U: Unknown

29 Acute Encephalopathy?

 Y: Yes
 N: No
 U: Unknown

30 Died?

 Y: Yes
 N: No
 U: Unknown

31 Date of Death

32 Hospitalized?

 Y: Yes
 N: No
 U: Unknown

33 Days Hospitalized

34 Admission Date

35 Discharge Date

TREATMENT

36 Antibiotics Given?

 Y: Yes
 N: No
 U: Unknown

37 1st Antibiotic Received

 1: Erythromycin
 2: Clarithromycin/Azithromycin
 3: Tetracycline/Doxycycline
 4: Cotrimoxazole

 5: Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
 6: Other
 9: Unknown

38 Date 1st Antibiotic Started

39 Days 1st Antibiotic Actually Taken

40 2nd Antibiotic Received

 See Choices for 1st Antibiotic Received

41 Date 2nd Antibiotic Started

42 Days 2nd Antibiotic Actually Taken

LABORATORY

43 Was Laboratory Testing for Pertussis Done?

- Y: Yes
 N: No
 U: Unknown

44

Result Date Specimen Collected

| | Result | Date Specimen Collected | | |
|------------|--------------------------|-------------------------|----------------------|----------------------|
| | | Month | Day | Year |
| Culture | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PCR | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Serology 1 | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Serology 2 | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DFA | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

RESULT CODES

- | | | |
|-------------|------------------|-------------------|
| P: Positive | S: Parapertussis | E: Pending |
| X: Not Done | I: Indeterminate | B: Bronchiseptica |
| N: Negative | U: Unknown | H: Holmesii |

45 Co-infection with Other Bordetella Species?

- 1: No Known Co-infection
 2: B. parapertussis
 3: B. bronchiseptica
 4: B. holmesii

VACCINE HISTORY

46 Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)

- Y: Yes
 N: No
 U: Unknown

47 Number of Documented Doses of Pertussis-Containing Vaccine Received?

- Range: 0-6
 9: Unknown

48

| | Vaccination Date | | | Vaccine Type* | Vaccine Manufacturer† | Lot Number | | | | | | | |
|--------|----------------------|----------------------|----------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Month | Day | Year | | | | | | | | | | |
| Dose 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Vaccine Type Codes

- W: DTP
 B: DTP-Hib-HepB
 A: DTaP
 H: DTaP-Hib
 D: DT or Td
 T: DTP-Hib
 P: Pertussis Only
 X: Tdap
 V: DTaP-IPV-Hep B
 N: DTaP-IPV-Hib
 K: DTaP-IPV
 O: Other
 U: Unknown

† Vaccine Manufacturer Codes

- C: Sanofi Pasteur
 L: Wyeth
 S: GlaxoSmithKline
 M: Mass. Health Dept.
 I: Michigan Health Dept.
 N: North American Vaccine
 O: Other
 U: Unknown

49 Reason for Inadequate Vaccination Coverage

- | | | |
|---|--|---|
| <input type="checkbox"/> 1: Religious Exemption | <input type="checkbox"/> 5: Parental Refusal | <input type="checkbox"/> 9: Too Expensive |
| <input type="checkbox"/> 2: Medical Contraindication | <input type="checkbox"/> 6: Age <7 months | <input type="checkbox"/> 10: Concurrent Illness |
| <input type="checkbox"/> 3: Philosophical Exemption | <input type="checkbox"/> 7: Forgot | <input type="checkbox"/> 11: Other |
| <input type="checkbox"/> 4: Previous Culture/MD Confirmed Pertussis | <input type="checkbox"/> 8: Inconvenience | <input type="checkbox"/> 99: Unknown |

EPIDEMIOLOGIC INFORMATION

50 Date First Reported to a Health Department

Month Day Year

51 Pregnancy Status at Cough Onset:

- 1: Pregnant
 2: Postpartum
 3: Neither
 9: Unknown

52 Date Case Investigation Started

Month Day Year

53 Outbreak Related?

- Y: Yes
 N: No
 U: Unknown

54 Epi-Linked?

- Y: Yes
 N: No
 U: Unknown

55 Employed at or Attend Daycare?

- Y: Yes
 N: No
 U: Unknown

56 Employed at or Attend School?

- Y: Yes
 N: No
 U: Unknown

57 Number of Contacts Recommended Antibiotics

Range 0-998
 999: Unknown

58 Transmission Setting (Where did this case acquire pertussis?)

- | | | |
|--|--|---|
| <input type="text"/> <input type="text"/> 1: Daycare | <input type="text"/> <input type="text"/> 7: Home | <input type="text"/> <input type="text"/> 12: Correctional Facility |
| <input type="text"/> <input type="text"/> 2: School | <input type="text"/> <input type="text"/> 8: Work | <input type="text"/> <input type="text"/> 13: Place of Worship |
| <input type="text"/> <input type="text"/> 3: Doctor's Office | <input type="text"/> <input type="text"/> 9: Unknown | <input type="text"/> <input type="text"/> 14: International Travel |
| <input type="text"/> <input type="text"/> 4: Hospital Ward | <input type="text"/> <input type="text"/> 10: College | <input type="text"/> <input type="text"/> 15: Other |
| <input type="text"/> <input type="text"/> 5: Hospital ER | <input type="text"/> <input type="text"/> 11: Military | |
| <input type="text"/> <input type="text"/> 6: Hosp. Outpatient Clinic | | |

59 Setting (Outside household) of Further Documented Spread

- Use same codes as for Transmission Settings, except:
 7: >1 setting outside household
 16: No documented spread

60 Suspected Source of Infection (if case < 1 year, is another person with suspected pertussis known?)

- Y: Yes
 N: No
 U: Unknown

61 Source's Relationship To Case (if patient < 12 months old)

- | | |
|---|--|
| <input type="text"/> <input type="text"/> 1: Mother | <input type="text"/> <input type="text"/> 7: Grandparent |
| <input type="text"/> <input type="text"/> 2: Father | <input type="text"/> <input type="text"/> 8: Friend |
| <input type="text"/> <input type="text"/> 3: Sister | <input type="text"/> <input type="text"/> 9: Baby Sitter |
| <input type="text"/> <input type="text"/> 4: Brother | <input type="text"/> <input type="text"/> 10: Other |
| <input type="text"/> <input type="text"/> 5: Neighbor | <input type="text"/> <input type="text"/> 99: Unknown |
| <input type="text"/> <input type="text"/> 6: Daycare | |

62 Source's Age (if patient < 12 months old)

0-120 Years
 999: Unknown

63 Number of Residents in Case Household(s)

0-98
 99: Unknown

64 Weight of Infant at Birth (if patient < 12 months old)

_____ lb _____ oz OR _____ kg _____ g

65 Mother's Age at Infant Birth (if patient < 12 months old)

0-120 Years
 999: Unknown