



# 2015 Enhanced Pertussis Surveillance Case Report Form

A Component of the Emerging Infections Program Network

## DEMOGRAPHICS

**1 State ID** \_\_\_\_\_

**2 County** \_\_\_\_\_

**3 Form Status**  
 1: Yes  
 2: No  
 3: Corrected

**4 State**

**5 Zip Code**

**6 Sex**  
 1: Male  
 2: Female  
 9: Unknown

**7 Birth Date**  
       
 Month Day Year

**8 Age**  
    
 Range: 0-120  
 999: Unknown

**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)  
 Native Amer./Alaskan Native  
 Asian/Pacific Islander  
 African American  
 Other  
 White  
 Unknown

**11 Ethnicity**  
 1: Hispanic  
 2: Not Hispanic  
 9: Unknown

**12 Event Date**  
       
 Month Day Year

**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 Report Status**  
 1: Confirmed  
 2: Probable  
 3: Suspect  
 9: Unknown

**15 Final BORDETELLA Species Identified by Laboratory Test for Pertussis:**  
 1: Pertussis  
 2: Parapertussis  
 3: Holmesii  
 4: Bronchiseptica  
 5: Co-infection

**16a Previous Pertussis Diagnosis?**  
 1: Yes  
 2: No  
 9: Unknown

**16b Year of Prior Pertussis Diagnosis**  
     
 (Unknown = 9999)

**16c Previous Pertussis Case ID** \_\_\_\_\_

## CLINICAL DATA

**17 Any Cough?**  
 1: Yes  
 2: No  
 9: Unknown

**18 Cough Onset Date**  
       
 Month Day Year

**19 Paroxysmal Cough?**  
 1: Yes  
 2: No  
 9: Unknown

**20 Whoop?**  
 1: Yes  
 2: No  
 9: Unknown

**21 Posttussive Vomiting?**  
 1: Yes  
 2: No  
 9: Unknown

**22 Apnea?**  
 1: Yes  
 2: No  
 9: Unknown

**23 Cyanosis?**  
 1: Yes  
 2: No  
 9: Unknown

**24a Fever?**  
 1: Yes, patient report  
 2: Yes, provider report  
 3: Yes, patient & provider  
 4: No  
 9: Unknown

**24b Highest Temperature?**     °F  
 (Unknown = 999.9)

**24c Fever Onset?**  
 1: Before cough onset  
 2: After cough onset  
 3: On cough onset date  
 9: Unknown

**28 Reason for Insufficient Infant Cough?**  
 1: Died < 14 days after cough onset  
 2: Cough inhibited due to medical intervention  
 3: Patient lost to follow-up  
 4: Cough resolved < 14 days after cough onset  
 5: Other  
 9: Unknown

**25 Cough at Final Interview?**  
 1: Yes  
 2: No  
 9: Unknown

**26 Duration of Cough at Final Interview**  
   Range: 0-150 Days  
 999: Unknown

**27 Final Interview Date**  
       
 Month Day Year

**29 Number of Healthcare Visits**  
  Range: 0-98 Visits  
 99: Unknown

## COMPLICATIONS

**30 X-Ray for Pneumonia?**  
 1: Positive  
 2: Negative  
 3: Not Done  
 9: Unknown

**31 Seizures?**  
 1: Yes  
 2: No  
 9: Unknown

**32 Acute Encephalopathy?**  
 1: Yes  
 2: No  
 9: Unknown

**33 Died?**  
 1: Yes  
 2: No  
 9: Unknown

**34 Date of Death**  
       
 Month Day Year

**35 Hospitalized?**  
 1: Yes  
 2: No  
 9: Unknown

**36 Days Hospitalized**  
   Range: 0-998 Days  
 999: Unknown

**37 Admission Date**  
       
 Month Day Year

**38 Discharge Date**  
       
 Month Day Year

## TREATMENT

**39 Antibiotics Given?**  
 1: Yes  
 2: No  
 9: Unknown

**40 1<sup>st</sup> Antibiotic Received**  
 1: Erythromycin  
 2: Clarithromycin/Azithromycin  
 3: Tetracycline/Doxycycline  
 4: Cotrimoxazole  
 5: Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime  
 6: Other  
 9: Unknown

**41 Date 1<sup>st</sup> Antibiotic Started**  
       
 Month Day Year

**42 Days 1<sup>st</sup> Antibiotic Actually Taken**  
  Range: 0-98 Days  
 99: Unknown

**43 2<sup>nd</sup> Antibiotic Received**  
 1: Erythromycin  
 2: Clarithromycin/Azithromycin  
 3: Tetracycline/Doxycycline  
 4: Cotrimoxazole  
 5: Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime  
 6: Other  
 9: Unknown

**44 Date 2<sup>nd</sup> Antibiotic Started**  
       
 Month Day Year

**45 Days 2<sup>nd</sup> Antibiotic Actually Taken**  
  Range: 0-98 Days  
 99: Unknown

## LABORATORY

### 46 Was Laboratory Testing for Pertussis Done?

- 1: Yes  
 2: No  
 9: Unknown

### 47

- Culture  
 PCR  
 Serology 1  
 Serology 2  
 DFA

### Result

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Month      Day      Year

### Result Codes

- |             |                  |                   |
|-------------|------------------|-------------------|
| 1: Positive | 4: Pending       | 7: Bronchiseptica |
| 2: Negative | 5: Parapertussis | 8: Holmesii       |
| 3: Not Done | 6: Indeterminate | 9: Unknown        |

### 48 Co-infection with Other *Bordetella* Species?

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

### 49 Is a Laboratory Sample Available?

- 1 = Yes, isolate  
 2 = No  
 3 = Yes, specimen/DNA  
 4 = Yes, isolate and specimen/DNA

### 50 Expected Lab Sample Shipping Date?

<input type="checkbox"/>					
Month		Year (4-digit)			

## VACCINE HISTORY

### 51 Vaccinated? (Received any doses of diptheria, tetanus, and/or pertussis-containing vaccines)

- 1: Yes  
 2: No  
 9: Unknown

### 52

	Vaccination Date			Vaccine Type*	Vaccine Manufacturer†	Lot Number
	Month	Day	Year			
Dose 1	<input type="checkbox"/>					
Dose 2	<input type="checkbox"/>					
Dose 3	<input type="checkbox"/>					
Dose 4	<input type="checkbox"/>					
Dose 5	<input type="checkbox"/>					
Dose 6	<input type="checkbox"/>					
Dose 7	<input type="checkbox"/>					
Dose 8	<input type="checkbox"/>					
Dose 9	<input type="checkbox"/>					

### \* Vaccine Type Codes

- 1: DTP  
 2: DTaP  
 3: DTaP-Hib  
 4: DT or Td  
 5: DTP-Hib  
 6: Pertussis Only  
 7: Tdap  
 8: DTaP-IPV-Hep B  
 9: DTaP-IPV-Hib  
 10: DTaP-IPV  
 11: Other  
 12: DTP-Hib-HepB  
 13: Pertussis-containing vaccine (unspecified)  
 99: Unknown

### † Vaccine Manufacturer Codes

- 1: Sanofi Pasteur  
 2: Wyeth  
 3: GlaxoSmithKline  
 4: Mass. Health Dept.  
 5: Michigan Health Dept.  
 6: North American Vaccine  
 7: Other  
 9: Unknown

### 53 Reason Patient Not Age-Appropriately Vaccinated

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1: Religious Exemption                     | <input type="checkbox"/> 5: Parental/Patient Refusal | <input type="checkbox"/> 9: Too Expensive       |
| <input type="checkbox"/> 2: Medical Contraindication                | <input type="checkbox"/> 6: Too Young                | <input type="checkbox"/> 10: Concurrent Illness |
| <input type="checkbox"/> 3: Philosophical Exemption                 | <input type="checkbox"/> 7: Forgot                   | <input type="checkbox"/> 11: Unaware            |
| <input type="checkbox"/> 4: Previous Culture/MD Confirmed Pertussis | <input type="checkbox"/> 8: Inconvenience            | <input type="checkbox"/> 12: Other              |
|   |  | <input type="checkbox"/> 99: Unknown            |

## EPIDEMIOLOGIC INFORMATION

### 54 Date First Reported to a Health Department

<input type="checkbox"/>					
Month		Day		Year	

### 56 Expected Due Date

<input type="checkbox"/>					
Month		Day		Year	

### 58 Date Case Investigation Started

<input type="checkbox"/>					
Month		Day		Year	

### 59 Outbreak Related?

- 1: Yes  
 2: No  
 9: Unknown

### 55 Pregnancy Status at Cough Onset:

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

### 57 Gestational Age OR Weeks of Pregnancy

(Unknown = 99)

### 60 Epi-Linked?

- 1: Yes  
 2: No  
 9: Unknown

### 61 Employed at or Attend Daycare?

- 1: Yes  
 2: No  
 9: Unknown

### 62 Employed at or Attend School?

- 1: Yes  
 2: No  
 9: Unknown

### 63 Is Patient Healthcare Personnel?

- 1: Yes, has direct patient contact  
 2: No  
 3: Yes, w/o direct patient contact  
 9: Unknown

### 64 Number of Contacts Recommended Antibiotics

Range: 0-998  
 999: Unknown

### 65 Transmission Setting (Where did this case acquire pertussis?)

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

### 66 Setting (outside household) of Further Documented Spread

- Use same codes as Transmission Setting, except:  
 7: >1 Setting Outside Household  
 16: No Documented Spread

### 67 Suspected Source of Infection

- (if case < 1 year, is another person with suspected pertussis known?)  
 1: Yes  
 2: No  
 9: Unknown

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

- |                          |                          |             |                |               |
|--------------------------|--------------------------|-------------|----------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1: Mother   | 7: Grandparent | 13: Cousin    |
| <input type="checkbox"/> | <input type="checkbox"/> | 2: Father   | 8: Friend      | 14: Sibling   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3: Sister   | 9: Baby Sitter | (unspecified) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4: Brother  | 10: Other      | 99: Unknown   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5: Neighbor | 11: Aunt       |               |
| <input type="checkbox"/> | <input type="checkbox"/> | 6: Daycare  | 12: Uncle      |               |

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

Range: 0-120 Years  
 999: Unknown

### 70 Number of Residents in Case Household(s)

Range: 0-98  
 99: Unknown

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

\_\_\_\_\_ LB \_\_\_\_\_ OZ or \_\_\_\_\_ KG \_\_\_\_\_ G

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

Range: 0-120 Years  
 999: Unknown

## MATERNAL TDAP INFORMATION *(Complete for Cases < 1 Year of Age)*

**73 Have you ever been vaccinated with Tdap?**

- 1: Yes  
 2: No  
 3: Mom not available for interview  
 9: Unknown

**74**

**Tdap Vaccination Dates**

	Month		Day		Year	
Dose 1	<input type="text"/>					
Dose 2	<input type="text"/>					
Dose 3	<input type="text"/>					
Dose 4	<input type="text"/>					
Dose 5	<input type="text"/>					

**If Date Unknown,**

**Check Box**

**Date Source\***

<input type="checkbox"/>	<input type="checkbox"/>

**\* Date Source Codes**

- 1: Medical Provider  
 2: Immunization Registry  
 3: Verbal Report (shot card)  
 4: Verbal Report (non-verified)

**75 Were you vaccinated with Tdap during your pregnancy with [case infant]?**

- 1: Yes  
 2: No  
 3: Mom not available for interview  
 4: Infant adopted or in foster care  
 9: Unknown

**76 If you were vaccinated with Tdap during your pregnancy with [case infant], during which trimester were you vaccinated?**

- 1: 1<sup>st</sup> Trimester (1-12 weeks)  
 2: 2<sup>nd</sup> Trimester (13-27 weeks)  
 3: 3<sup>rd</sup> Trimester (28-42 weeks)  
 4: Not vaccinated during pregnancy with [case infant]  
 9: Unknown

**77 If you were not vaccinated during your pregnancy with [case infant], why not? (check all that apply)**

- Mom does not recall physician offering Tdap during pregnancy with [case infant]  
 Mom declined Tdap during pregnancy with [case infant]  
 Mom was vaccinated following pregnancy with [case infant]  
 Mom was vaccinated prior to pregnancy with [case infant]  
 Other, specify: \_\_\_\_\_  
 Unknown