

Pertussis Death Worksheet

Name (last, first):			Caseid:
Address:	City:	County:	Zip:
Reporting Provider:		Address:	Phone:

Detach here and transmit only lower portion to CDC

Pertussis Death Worksheet

Data related to case:

1. Were there any other underlying causes or complications with the death, other than pertussis? Yes No Unknown

a. If yes, please list:

2. Was patient hospitalized? Yes No

a. If yes, please submit a copy of the hospital admission and discharge summary to CDC.

b. If yes, was patient on mechanical ventilation? Yes No

1. If yes, how many days was the patient intubated? _____ days

3. Was an autopsy performed? Yes No

a. If yes, please submit a copy to CDC.

If blood work was done, please complete 4 and 5, otherwise go to #6.

4. What was the leukocyte count? _____

5. What was the lymphocyte percentage? _____%

6. Did the patient have a contact who had a cough illness? Yes No Unknown

a. If yes, then who?

7. Who were the other contacts of the patient?

Data related to the family of the case:

If the patient was <1 year of age:

8. What was the gestational age of the case? _____ weeks

If the patient was <12 years of age:

9. What was the mother's age at time of patient's onset of coughing due to pertussis?
_____ years

10. Was the mother immunosuppressed? Yes No Unknown

11. Do any household member smoke cigarettes? Yes No Unknown

If yes, how many cigarettes? _____

continued on the next page

12. If case has siblings, please complete the following:

Age	DOB	Sex	Day care or school?	# of children in classroom?	# Doses of pertussis vaccine	Date of last vaccine containing pertussis

Notes: