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Pertussis Case Track Record

FINAL STATUS: ☐ CONFIRMED ☐ PROBABLE ☐ RULED OUT/DROPPED

NETSS CASE #: ____________

Patient's Name: ____________________ (last) ____________________ (first)
Address: ______________________________
City: ____________ County: ____________ Zip: ________
Region: ________ Phone:( ) ______________
Parent/Guardian: ______________________________
Physician: ______________Phone:( ) ____________
Physician's Address: ______________________________
____

Reported By: ______________________________
Agency: ______________________________
Phone:( )______________________________
Date: _____/_____/_____
Report Given to: ______________________________
Organization: ______________________________
Phone: ( ) ______________________________
Date: _____/_____/_____

DEMOGRAPHICS:

DATE OF BIRTH: _____/_____/_____ *AGE:* ______ *SEX:* ☐ Male ☐ Female ☐ Unknown

RACE: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Native American ☐ Unknown ☐ Other: ____________

HISPANIC: ☐ Yes ☐ No ☐ Unknown

CLINICAL DATA:

☐ Cough - *Onset Date:* ____/____/____ *Final Cough Duration:*______ # of Days
☐ Paroxysmal Cough - Onset Date: _______/________/_______
☐ Inspiratory Whoop ☐ Vomiting after Paroxysm
☐ Apnea (Exclude Cyanotic Episode) ☐ Cyanosis after Paroxysm
☐ Pneumonia: Chest X-Ray ☐ + ☐ - ☐ Seizures (Focal or Generalized)
☐ Acute Encephalopathy ☐ Other: ____________
Is patient still coughing at final interview? ☐ Yes ☐ No ***Date:*** ___/_____/____
☐ Hospitalized at: ______________________________
Admitted: _____/_____/_____ Discharged: _____/_____/_____ # Days_______
Physician Diagnosis:______________________________

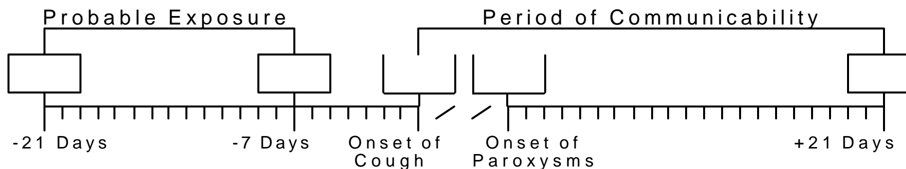
TREATMENT:

Were antibiotics given? ☐ Yes ☐ No
☐ Erythromycin: Date Started:_____/_____/_____for _____ Days
☐ Cotrimoxazole: Date Started:_____/____/_____for ______ Days
☐ Azithromycin: Date Started:_____/_____/_____for _____ Days
☐ Tetracycline: Date Started:_____/_____/_____for _____ Days
☐ Ampicillin: Date Started:_____/_____/_____for _____ Days
☐ Other:_________ Date Started:____/____/____for ______ Days
☐ Other:_________ Date Started:____/____/____for ______ Days

OUTCOME: ☐ Survived ☐ Died ☐ Unknown

If Deceased, Date of Death: ____/_____/_____ **Note:** A Pertussis Death Worksheet must also be submitted to TDH.

INFECTION TIMELINE: Enter onset of cough. Count backwards and forwards to enter dates for probable exposure and communicable periods.



VACCINATION HISTORY:

VACCINATED: ☐ Yes ☐ No ☐ Unknown

☐ 1 DTP: ____/____/____ Type: ☐ DTP ☐ DTaP ☐ DTP-Hib ☐ DT Manufacturer: ______________ Lot #:__________
☐ 2 DTP: ____/____/____ Type: ☐ DTP ☐ DTaP ☐ DTP-Hib ☐ DT Manufacturer: ______________ Lot #:__________
☐ 3 DTP: ____/____/____ Type: ☐ DTP ☐ DTaP ☐ DTP-Hib ☐ DT Manufacturer: ______________ Lot #:__________
☐ 4 DTP: ____/____/____ Type: ☐ DTP ☐ DTaP ☐ DTP-Hib ☐ DT Manufacturer: ______________ Lot #:__________
☐ 5 DTP: ____/____/____ Type: ☐ DTP ☐ DTaP ☐ DTP-Hib ☐ DT Manufacturer: ______________ Lot #:__________

If no, indicate reason: ☐ Religious exemption ☐ Medical Contraindication ☐ Evidence of immunity ☐ Previous Disease - Lab Confirmed ☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: ______________________

Name: ____

LABORATORY DATA: *Was laboratory testing done?* ☐ Yes ☐ No ☐ Unknown

LABORATORY: ☐ TDH ☐ Other: ____ Phone:( ) ____________________

☐ Culture: Date specimen collected: _____/_____/_____ Result: ________________

☐ PCR: Date specimen collected: _____/_____/_____ Result: ________________

☐ DFA: Date specimen collected: _____/_____/_____ Result: ________________

☐ IgA ☐ IgG: Date of acute specimen: _____/_____/_____ Result: ________________

Date of convalescent specimen: _____/_____/_____ Result: ________________

Note: *A four-fold rise in titer level from acute specimen to convalescent sample may be considered positive serology for pertussis. Results from a single specimen are not accepted as laboratory confirmation of a suspected pertussis case.*

Results called to local investigator: ☐ Yes ☐ No ☐ Unknown

Person Contacted: ______________________________ Date Called: _____/_____/_____ Initials: _________

SOURCE OF INFECTION: ☐ No exposure Identified ☐ Close contact with a known or suspected case.

Date of Contact	Name	Age	Address	Phone	Case No.
____/____/____	____________________	____	____________________________	( )__________________	__________

☐ Is case epidemiologically linked to a culture-confirmed case? ☐ Yes ☐ No ☐ Unknown

☐ Where did this case acquire pertussis?: ☐ Day-care ☐ School ☐ College ☐ Work ☐ Home ☐ Dr Office ☐ Hospital ER ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ International Travel ☐ Unknown ☐ Other: _____________
Name(s) of Setting:____

☐ Has any travel occurred within the exposure period? ☐ Yes ☐ No ☐ Unknown If yes, list location: __________________________

☐ Importation Class: ☐ Indigenous ☐ International ☐ Out-of-state ☐ Unknown If imported, from what country/state:________________

☐ Is case traceable within 2 generations to international import? ☐ Yes ☐ No ☐ Unknown

☐ Is case part of an outbreak?: ☐ Yes ☐ No ☐ Unknown If yes, list outbreak name: ______________________________________

Total number of contacts in any settings recommended antibiotics: _________________

HOUSEHOLD CONTACTS: Were control activities initiated?: ☐ Yes ☐ No ☐ Unknown If no, explain: __________________________

Name	Relation to Case	Age	Vaccination HX	*Symptoms/Date of Onset	Type of Prophylaxis/Date Treated

***Investigations must be completed on all contacts with symptoms**

POSSIBLE SPREAD CONTACT:

Setting: ☐ No Spread ☐ Day-care ☐ School ☐ College ☐ Work ☐ Home ☐ Dr. Office ☐ Hospital ER ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ International Travel ☐ Unknown ☐ Other: ___________________________

Name (s) of Settings: ____

Name	Relation to Case	Age	Vaccination HX	*Symptoms/Date of Onset	Type of Prophylaxis/Date Treated

***Investigations must be completed on all contacts with symptoms**

Investigator's Name: ____ Agency name: ____

Phone:( ) ______________________ Date Investigation Initiated: _____/_____/_____ Date Investigation Completed: ____/_____/____

COMMENTS: