

NAME (Last, First)		Hospital Record No.			
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab/Phone		Address		Phone	

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id		County		State		Zip			
Birth Date Month Day Year		Age Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age Unknown		Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American W = White O = Other U = Unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown		Sex M = Male F = Female U = Unknown	
Event Date Month Day Year		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		Outbreak Associated 999 = Unknown		Reported Month Day Year		Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown	

CLINICAL DATA	Any Cough? Cough Onset Y = Yes N = No U = Unknown Month Day Year		Paroxysmal Cough? Y = Yes N = No U = Unknown		Whoop? Y = Yes N = No U = Unknown	
	Posttussive Vomiting? Y = Yes N = No U = Unknown		Apnea? Y = Yes N = No U = Unknown		Final Interview Date Month Day Year	
	Cough at Final Interview? Y = Yes N = No U = Unknown		Duration of Cough at Final Interview 0-150 999 = Unknown Days			

COMPLICATIONS	Chest X-ray for Pneumonia P = Positive N = Negative U = Unknown		Seizures Due to Pertussis X = Not Done U = Unknown		Y = Yes N = No U = Unknown	
	Acute Encephalopathy Due to Pertussis Y = Yes N = No U = Unknown					
	Hospitalized? Y = Yes N = No U = Unknown		Days Hospitalized? 0-998 999 = Unknown		Died? Y = Yes N = No U = Unknown	

TREATMENT	Were Antibiotics Given? Y = Yes N = No U = Unknown		1 = Erythromycin (incl. pediazole, ilosone) 2 = Cotrimoxazole (bactrim/sepra) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cector/Cefixime 6 = Other 9 = Unknown			
	Date Started First Antibiotic Month Day Year		Days First Antibiotic Actually Taken 0-998 999 = Unknown			
	Second Antibiotic Received See Choices for First Antibiotic Given					
	Date Started Second Antibiotic Month Day Year		Days Second Antibiotic Actually Taken 0-998 999 = Unknown			

LABORATORY	Was Laboratory Testing for Pertussis Done? Y = Yes N = No U = Unknown																
	Culture		Result		Date Specimen Taken Month Day Year												
	DFA																
	Serology 1																
	Serology 2																
PCR																	
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VACCINE HISTORY	Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) Y = Yes N = No U = Unknown																																						
	Vaccination Date Month Day Year		Vaccine Type*		Vaccine Manuf*		Lot Number																																
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Date of Last Pertussis-Containing Vaccine Prior to Illness Onset Month Day Year				Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset 0-6 9 = Unknown																																			

EPIDEMIOLOGIC INFORMATION	Date First Reported to a Health Department Month Day Year		Date Case Investigation Started Month Day Year	
	Outbreak Related? Y = Yes N = No U = Unknown		Epi-Linked? Y = Yes N = No U = Unknown	
	Outbreak Name (Name of outbreak this case is associated with)			
	If patient <12 months old: What was the mother's age at infant's birth: _____ What was the weight of the infant at birth: _____ lb _____ oz OR _____ kg _____ g			
	Transmission Setting (Where did this patient acquire pertussis?) 1 = Day Care 2 = School 3 = Doctor's Office 4 = Hospital Ward 5 = Hospital ER 6 = Hosp. Outpatient Clinic 7 = Home 8 = Work 9 = Unknown 10 = College 11 = Military 12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other			
	Setting (Outside Household) of Further Documented spread From This Case Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household 16 = No Documented Spread Outside Household			
	Number of Contacts in Any Setting Recommended Antibiotics			0-998 999 = Unknown

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The information below is epidemiologically important, but not included on NETSS screens.

Age of the person from whom this patient contracted pertussis	Age	Age Type
	<input type="text"/> <input type="text"/> <input type="text"/> 999 = Unknown	<input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 2 = 0-52 weeks

Setting	In which setting was pertussis acquired? (Please specify)	In which setting was there secondary spread? (Please specify)
Day Care		
School		
Doctor's Office		
Hospital (Ward/Outpatient/Clinic)		
Home		
Travel (International/ Domestic)		
Other		
Unknown		

Name of Contact	Birthdate	Relation to Case-Patient	Case?	Case ID#	Cough Onset Date (If Present)	# of PCVs*	Date of Last PCV	Parent's Name and Phone # (If Applicable)

*PCV=Pertussis-Containing Vaccine

Comments

<p>Clinical Case Definition*: A cough illness lasting \geq 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop", or posttussive vomiting, without apparent cause</p> <p>Case Classification*:</p> <p>Probable: A case that meets the clinical cas definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.</p> <p>Confirmed: 1) A case that is culture positive, and in which an acute illness of any duration is present, or 2) a case that meets the clinical case definition and is confirmed by PCR, or 3) a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.</p>
*CDC Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No. RR-10):39