NAME (Last, First) — Hospital Record No.

Address (Street and No.) — City PID-11.3 — County PID-11.9 — Zip PID-11.5 — Phone

Reporting Physician/Nurse/Hospital/Clinic/Lab Phone 48766-0 — Address — Phone

-------- DETACH HERE and transmit only lower portion if sent to CDC --------

CDC NETSS id 77997-5 — **County** PID-11.9 — **State** PID-11.4 — **Zip** PID-11.5

Birth Date PID-7 — month day year

Age 77998-3 — Unk=999

Age Type OBX-6 for 77998-3
- 0 = 0-120 years
- 1 = 0-11months
- 2 = 0-52 weeks
- 3 = 0-28 days
- 9 = Age Unknown

Race PID-10
- N = Native American/Alaskan
- A = Asian/Pacific Islander
- B = African American
- W = White
- O = Other 32624-9
- U = Unknown

Ethnicity PID-22
- H = Hispanic
- N = Not Hispanic
- U = Unknown

Sex PID-8
- M = Male
- F = Female
- U = Unknown

Event Date — month day year

Event Type
- 1 = Onset date 11368-8
- 2 = Diagnosis date 77975-1
- 3 = Lab result date OBX-19
- 4 = Reported to County 77972-8
- 5 = Reported to State 77973-6
- R = R report date
- 9 = Unknown

Outbreak Associated 77980-1 — 999 = Unknown

Reported 77995-9 — month day year

Report Status
- 1 = Confirmed
- 2 = Probable
- 3 = Suspect
- 9 = Unknown
77990-0

CLINICAL DATA

Any Cough?
- Y = Yes
- N = No INV919
- U = Unknown
49727002

Cough Onset 85932-2 — Month Day Year

Paroxysmal Cough? 43025008
- Y = Yes
- N = No
- U = Unknown

Whoop? 60537006
- Y = Yes
- N = No
- U = Unknown

Posttussive Vomiting? 424580008
- Y = Yes
- N = No
- U = Unknown

Apnea? 1023001
- Y = Yes
- N = No
- U = Unknown

Final Interview Date INV555 — Month Day Year

Cough at Final Interview? PRT008
- Y = Yes
- N = No
- U = Unknown

Duration of Cough at Final Interview 85933-0 — Days — 0-160 — 999 = Unknown

COMPLICATIONS

Chest X-ray for Pneumonia INV923
- P = Positive
- N = Negative
- X = Not Done
- U = Unknown

Seizures Due to Pertussis 67187-5
- Y = Yes
- N = No INV920
- U = Unknown

Acute Encephalopathy Due to Pertussis 67187-5
- Y = Yes
- N = No INV920
- U = Unknown

Hospitalized? 77974-4
- Y = Yes
- N = No
- U = Unknown

Days Hospitalized? 78033-8 — 0-998 — 999 = Unknown

Died? 77978-5
- Y = Yes
- N = No
- U = Unknown

TREATMENT

Were Antibiotics Given? 29303-5
- Y = Yes INV559
- N = No
- U = Unknown

- 1 = Erythromycin (incl.pediazole, liosome)
- 2 = Cotrimoxazole (bactrim/septra)
- 3 = Clarithromycin/azithromycin
- 4 = Tetracycline/Doxycycline
- 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cector/Cefixime
- 6 = Other
- 9 = Unknown

Date Started First Antibiotic 86948-7 — month day year

Days First Antibiotic Actually Taken 67453-1 — 0-998 — 999 = Unknown

Second Antibiotic Received 29303-5 — See choices for first antibiotic given

Date Started Second Antibiotic 86948-7 — month day year

Days Second Antibiotic Actually Taken 67453-1 — 0-998 — 999 = Unknown

LABORATORY

Was Laboratory Testing for Pertussis Done? LAB630
- Y = Yes
- N = No
- U = Unknown INV291

	Result 549-6	Date Specimen Taken 68963-8
		Month Day Year
Culture		
DFA 550-4		
Serology 1		
Serology 2		
PCR 23826-1		

RESULT CODES
- P = Positive
- N = Negative
- E = Pending
- I = Indeterminate
- X = Not Done
- S = Parapertussis
- U = Unknown

VACCINE HISTORY

Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) VAC126
- Y = Yes
- N = No
- U = Unknown

Vaccination Date 30952-6			Vaccine Type 30956-7	Vaccine Manuf 30957-5	Lot Number 30959-1
Month	Day	Year			

Vaccine Type Series
- W = DPT Whole Cell
- A = DTaP
- H = DTaP-Hib
- D = DT o 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 = Massachusetts Health Department
- I = Michigan Health Department
- N = North American Vaccine
- O = Other
- U = Unknown

Date of Last Pertussis-Containing Vaccine Pior to Illness Onset VAC142 — Month Day Year

Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset — 0–6 82745-1 — 9 = Unknown

Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine VAC149
- 1 = Religious Exemption
- 2 = Medical Contraindication
- 3 = Philosophical Exemption
- 4 = Previous Pertussis Confirmed by Culture or MD
- 5 = Parental Refusal
- 6 = Age <7 months
- 7 = Other
- 9 = Unknown

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department 77970-2 — Month Day Year

Date Case Investigation Started 77979-3 — Month Day Year

Outbreak Related? 77980-1
- Y = Yes
- N = No
- U = Unknown

Epi-Linked? INV927
- Y = Yes
- N = No
- U = Unknown

Outbreak Name (Name of outbreak this case is associated with) 77981-9

If Patient <12 months old:

What was the mother's age at infant's birth? 85724-3

What was the weight of the Infant at birth? 56056-5

OBX-6 for 56056-5 _____ lb _____ oz OR _____ kg _____ g

Transmission Setting (where did this patient acquire pertussis)? 81267-7
- 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 INV561
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 INV562 — 0-998 — 999 = Unknown

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

Age of the person from whom this patient contracted pertussis

Age PRT074

☐ ☐ ☐

999 = Unknown

Age Type OBX_6 for PRT074

☐

0 = 0 – 120 years   3 = 0 – 28 days
1 = 0 – 11 months   9 = Age unknown
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 PRT077	Case?	Case ID #	Case Onset Date (if present) PRT088	Number of PCVs*	Date of Last PCV	Parents' Name and Phone Number (if applicable)

*PCV=Pertussis-Containing Vaccine

Comments

77999-1

Clinical Case Definition*:
A cough illness lasting ≥ 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop", or posttussive vomiting, without apparent cause

Case Classification*:

Probable: A case that meets the clinical case definition is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.

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.

*CDC Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No. RR-10):39