



PERTUSSIS CASE REPORT

To be used by Local Health Jurisdictions to report to CDPH
Providers: please use CMR and submit to Local Health Jurisdiction

PATIENT DEMOGRAPHICS

Form section for Patient Demographics including fields for Patient's name, DOB, Age, Address, Phone number, Ethnicity, Race, Occupation, and Setting.

CLINICAL SIGNS AND SYMPTOMS AND COURSE OF ILLNESS \* If fatal, notify CDPH immediately.

Form section for Clinical Signs and Symptoms including fields for Cough, Apnea, Other Symptoms, Hospitalized status, and Date of death.

TREATMENT - this section is optional and for local health department use only

Form section for Treatment including fields for Antibiotic type and Date started.

FOR INFANTS <4 MONTHS OF AGE

Form section for Infants <4 months of age including fields for Mother's name, Prenatal care provider, Insurance type, and Tdap vaccination details.

VACCINATION / MEDICAL HISTORY

Form section for Vaccination / Medical History including fields for Pertussis vaccine status, Reason not vaccinated, and Date of last dose.

PLEASE ENTER DOSE INFORMATION FOR ENTIRE SERIES FOR INFANTS <12 MONTHS OF AGE (other ages optional)

Form section for Dose Information including fields for #1 through #6 dose dates.

LABORATORY INFO

Form section for Laboratory Info including fields for Case Lab Confirmed (FOR LHD USE) and Case Lab Confirmed (FOR STATE USE ONLY).



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Culture performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Culture specimen date / /	Culture result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Unk
PCR performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PCR specimen date / /	PCR result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Unk
Other pertussis lab tests performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other test specimen date / /	Specify other lab tests
		Other lab test results

<b>EPIDEMIOLOGIC INFO</b>			
Contact to an infant <1 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Contact to a pregnant woman? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other sensitive occupation/setting? Describe: <input type="checkbox"/> Child care <input type="checkbox"/> Healthcare <input type="checkbox"/> Other	
Epi-linked to a lab-confirmed case <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Case name or case ID	Outbreak related (LHD use only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Outbreak name or location

**CONTACTS – this section is optional and for local health department use only**

Name	Cough onset date	Relationship	Age (years)	Same household	High risk*
1	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
2	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
3	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
4	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
5	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
6	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

\*High risk indicates infant <1 year of age, pregnant woman or person with contact to infants <1 year of age or pregnant women

Number of contacts for whom antibiotics were recommended \_\_\_\_\_ Number of ill contacts \_\_\_\_\_

**TIMELINE OF INFECTIOUSNESS AND STAGES OF COUGH – this section is optional and for LHD use only**

WEEK	Exposure Period (typically 7-10 days, range 5-21 days)			Infectious Period (from onset of catarrhal stage until 5 days after antibiotic treatment or 3 weeks after cough onset)					
	-5 weeks	-4 weeks	-3 weeks	-2 weeks	-1 week	Cough onset date	+1 week	+2 weeks	+3 weeks
Enter dates	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Stages of Illness	Usually no s/s of illness occur during this stage- N.A.			Catarrhal Stage (typically 1-2 weeks)			Paroxysmal Stage (may last weeks to months)		

<b>CASE CLASSIFICATION (FOR LHD USE)</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> Unk	<b>CASE CLASSIFICATION (FOR STATE USE ONLY)</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown
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**COMMON LHD TRACKING DATA**

CalREDIE or other LHD number	IZB case ID number		
Date reported to LHD / /	Date investigation started / /	Person/clinician reporting case	Reporter telephone (LHD USE ONLY) ( )
Case investigator completing form		Investigator telephone ( )	Investigator jurisdiction

**REMARKS**

**2014 CASE DEFINITION**

**Clinical case definition:** In the absence of a more likely diagnosis a cough illness lasting ≥ 2 weeks with one of the following symptoms:

- Paroxysm of coughing, OR
- Inspiratory "whoop," OR
- Post-tussive vomiting, OR
- Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY)

**Case classification**

**Confirmed:** 1) An acute cough illness of any duration with isolation of *B. pertussis* from a clinical specimen OR 2) A case that meets the clinical case definition and is confirmed by detection of *B. pertussis*-specific nucleic acid by polymerase chain reaction (PCR) OR 3) A case that meets the clinical case definition and is epidemiologically-linked directly to a laboratory-confirmed case of pertussis.

**Probable:** 1) A case that meets the clinical case definition and is not laboratory-confirmed with culture or PCR and is not epidemiologically-linked directly to a confirmed case. OR FOR INFANTS AGED <1 YEAR ONLY 2) Acute cough illness of any duration, with at least one of the following: (paroxysms of coughing, inspiratory "whoop", post-tussive vomiting, or apnea (with or without cyanosis) AND PCR positive for pertussis or contact to a laboratory-confirmed case of pertussis.

**Suspect:** 1) An acute cough illness of any duration with detection of *B. pertussis*-specific nucleic acid by PCR OR 2) An acute cough illness of any duration with at least one of the following: (paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting) that is epidemiologically-linked directly to a confirmed case.