**DEPARTMENT OF HEALTH SERVICES**
Division of Public Health
F-44236 (Rev. 05/04)

**STATE OF WISCONSIN**
s.252.05, Wis. Stats.
(608) 266-2346

# PERTUSSIS CASE REPORT

The information collected on this form is required by HFS 145 (02). The information will be used for reporting disease and for the purpose of surveillance, prevention, and control of Pertussis disease. **Read instructions and definitions on the last page before completing form**.

State Case ID ______________________

## CASE

| **Name of Patient**(Last, First) | | | **Street Address** | **City** |
|---|---|---|---|---|
| **State** | **Zip** | **County** | **Name of Parent or Legal Guardian** | **Telephone Number** |

| **Birth Date**(mm/dd/yyyy)<br>**Age** | **Gender**<br>☐ 1 Male<br>☐ 2 Female<br>☐ 9 Unknown | **Race**<br>☐ 1 Native American / Alaskan Native<br>☐ 2 Asian / Pacific Islander<br>☐ 3 African American<br>☐ 5 White<br>☐ 8 Other<br>☐ 9 Unknown | **Ethnicity**<br>☐ 1 Hispanic<br>☐ 2 Non-Hispanic<br>☐ 9 Unknown |
|---|---|---|---|

| **Name of School/Day Care Center/Employer** | **Is this Case**<br>☐ 1 Indigenous (acquired in Wisconsin)?<br>☐ 2 International (acquired outside the USA)?<br>☐ 3 Out of State (acquired in a state outside of Wis.)?<br>☐ 9 Unknown? | **Case status**<br>☐ 1 Confirmed<br>☐ 2 Probable<br>☐ 3 Suspected<br>☐ 9 Unknown |
|---|---|---|

## REPORTING

| **Reporting Physician / Laboratory / Hospital / Clinic / Local Health Department(LHD) / Other** | | | | **Telephone Number** |
|---|---|---|---|---|
| **LHD** | **Date reported to LHD** | **Date investigation started** | **Investigated by** | **Date reported to Immunization Program** |

## LAB

| **Laboratory Testing Done** | | **Date specimen collected** | **Result** | **Result Codes** |
|---|---|---|---|---|
| ☐ Yes | PCR | ______________ | _____ | **P** = Positive |
| ☐ No | Culture | ______________ | _____ | **N** = Negative |
| ☐ Unknown | DFA | ______________ | _____ | **I** = Indeterminate |
| | Serology (1st) | ______________ | _____ | **E** = Pending |
| | Serology (2nd) | ______________ | _____ | **X** = Not Done |
| | | | | **S** = Parapertussis |
| | | | | **U** = Unknown |

## CLINICAL

| **Catarrhal (cold-like) symptom onset date** | **Catarrhal phase cough**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Catarrhal phase cough onset date** | **Paroxysmal cough**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Paroxysmal cough onset date** | **Whoop**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Vomit**<br>☐ Yes<br>☐ No<br>☐ Unknown |
|---|---|---|---|---|---|---|
| **Apnea**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Sleep disturbance**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Cough persisting at final interview**<br>☐ Yes<br>☐ No<br>☐ Unknown | **Duration of cough at final interview**<br>______ Days ☐ Unknown | | **Final interview date** | |

## COMPLICATIONS

| **Chest X-ray for Pneumonia** | **Seizures** | **Acute encephalopathy** | **Hospitalized** | **Died** |
|---|---|---|---|---|
| ☐ Positive<br>☐ Negative<br>☐ Not Done<br>☐ Unknown | ☐ Yes<br>☐ No<br>☐ Unknown | ☐ Yes<br>☐ No<br>☐ Unknown | ☐ Yes, ______ Number of Days<br>☐ No<br>☐ Unknown | ☐ Yes<br>☐ No<br>☐ Unknown |

Name of case ______________________________

**Complete Only for Children Ages <15 Years**

VACCINE HISTORY

**Vaccinated with DTP or DTaP Vaccine?** ☐ Yes ☐ No ☐ Unknown

| | Vaccination Date | Type | Vaccine Type Codes | Manufacturer | Manufacturer Codes | Note: Record |
|---|---|---|---|---|---|---|
| 1. | ____________ | 1. _____ | W = DTP Whole Cell | 1. _________ | C = Connaught (Aventis) | type and |
| 2. | ____________ | 2. _____ | A = DTaP | 2. _________ | L = Lederle (N/A) | manufacturer |
| 3. | ____________ | 3. _____ | D = DT or Td | 3. _________ | S = SmithKline, Glaxo | codes for |
| 4. | ____________ | 4. _____ | T = DTaP/Hib | 4. _________ | N = North American | children 2 |
| 5. | ____________ | 5. _____ | P = Pertussis only | 5. _________ | M = Massachusetts HD | months |
| 6. | ____________ | 6. _____ | O = Other | 6. _________ | I = Michigan HD | through 6 |
| | | | U = Unknown | | O = Other | years of age. |
| | | | | | U = Unknown | |

**Reason not vaccinated with ≥ 3 doses of pertussis vaccine:**

☐ 1. Religious exemption
☐ 2. Medical contraindication
☐ 3. Philosophical exemption
☐ 4. Previous pertussis confirmed
☐ 5. Parental refusal
☐ 6. Age <7 months
☐ 7. Other
☐ 9. Unknown

TREATMENT

**Were antibiotics given?** ☐ Yes ☐ No ☐ Unknown

**First antibiotic received:**

Date started: ____________________

Number of days taken: ____________

**Check (✓) One**

☐ 1. Erythromycin ( includes Pediazole, ilosone) recommended
☐ 2. Trimethoprin-Sufamethoxazole ((bactrim/septra, TMP-SMZ) recommended
☐ 3. Clarithromycin/azithromycin recommended
☐ 4. Tetracycline/Doxycycline
☐ 5. Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
☐ 6. Other ___________________________
☐ 9. Unknown

**Second antibiotic received:**

Date started: ____________________

Number of days taken: ____________

**Check (✓) One**

☐ 1. Erythromycin ( includes Pediazole, ilosone) recommended
☐ 2. Trimethoprin-Sufamethoxazole (bactrim/septra, TMP-SMZ)) recommended
☐ 3. Clarithromycin/azithromycin recommended
☐ 4. Tetracycline/Doxycycline
☐ 5. Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
☐ 6. Other ___________________________
☐ 9. Unknown

SOURCE

Possible **SOURCE** for this Case (for LHD use)

| Name | Age | Address | Telephone Number | Name of School, Daycare, Employer | Cough Onset Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**What is the Source Setting(s) of this Case?**

☐ 1 Daycare
☐ 2 School Work
☐ 3 Doctor's Office
☐ 4 Hospital Ward
☐ 5 Hospital ER
☐ 6 Hospital Outpatient Clinic
☐ 7 Home
☐ 8 Work
☐ 9 Unknown
☐ 10 College
☐ 11 Military
☐ 12 Correctional Facility
☐ 13 Church
☐ 14 International Travel
☐ 15 Other

Name of case ______________________________

SPREAD

Possible **SPREAD** from this Case (for LHD use)

## Household Members (list all siblings, adults, roommates etc.)

| Name | Age | Relation to case | Name of school, day care center, clubs, employer, church, baby sitter, etc. | Total doses of DTP -DTaP | Treatment Drug | Start Date | Total Days Taken |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## Close Contacts (list all face to face non-household)

| Name | Age | Relation to case | Name of school, day care center, clubs, employer, church, baby sitter, etc. | Total doses of DTP -DTaP | Treatment Drug | Start Date | Total Days Taken |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## Groups Notified

| |
|---|
| |
| |
| |
| |

Name of case ______________________________

**Total number of contacts for whom antibiotics were recommended** _______ or ☐ Unknown

**What are the Setting(s) outside the household of further documented spread from this Case?**

| | | |
|---|---|---|
| ☐ 1 Day Care | ☐ 6 Hospital Outpatient Clinic | ☐ 11 Military |
| ☐ 2 School Work | ☐ 7 >1 setting outside household | ☐ 12 Correctional Facility |
| ☐ 3 Doctor's Office | ☐ 8 Work | ☐ 13 Church |
| ☐ 4 Hospital Ward | ☐ 9 Unknown | ☐ 14 International Travel |
| ☐ 5 Hospital Emergency Room | ☐ 10 College | ☐ 15 Other |
| | | ☐ 16 No documented spread outside household |

**DISPOSITION**

| **Is Case Epi-linked?** ☐ Yes ☐ No ☐ Unknown | **Is Case outbreak related?** ☐ Yes ☐ No ☐ Unknown | **If Yes, name of outbreak:** | |
|---|---|---|---|
| **Was CDC clinical case definition met (calculation included in NETSS program)?** ☐ Yes ☐ No ☐ Unknown | | **Is Case laboratory confirmed?** ☐ Yes ☐ No ☐ Unknown | **Date of this report:** |

**Instructions:**

- Complete a Pertussis Case Report on all reported cases of pertussis and all contacts with suspect pertussis.
- "**Duration of cough at final interview"** box: if the cough duration is <14 days at the final interview it is important to re-contact the patient to establish whether the patient did cough for at least 14 days. Time of cough duration is measured from the Catarrhal phase cough onset date to the final interview date.
- For cases with a cough duration of < 14 days, complete and fax the front page of the Pertussis Case Report to your Regional Immunization Advisor. Re-contact the patient to establish whether the patient did cough for at least 14 days and then fax the completed form to your Regional Immunization Advisor.

**Definitions:**

- **Clinical case**: A cough illness lasting $\geq$ 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop" or post -tussive vomiting, with no other apparent cause.
- **Confirmed case**: 1) An illness in a person with an acute cough of any duration who is culture positive, 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.

  Note: Only probable and confirmed cases are reported to CDC. The information on this form, except names of the case, source and spread, is submitted to CDC via the National Electronic Telecommunication System for Surveillance (NETSS).
- **Probable case**: A case that meets the clinical case definition, is not laboratory-confirmed, and is not epidemiologically linked to a laboratory-confirmed case.
- **Close contact**: Direct face-to-face contact for a period (not defined) with a case patient who is symptomatic; shared confined space in close proximity for a prolonged period of time (e.g., $\geq$ one hour) with a symptomatic case patient; or direct contact with respiratory, oral or nasal secretions from a symptomatic case patient.

- **Catarrhal**: first stage (lasting 1-2 weeks) symptoms of pertussis including cold-like illness, runny nose, sneezing, mild cough.
- **Paroxysmal**: follows the Catarrhal stage, includes explosive coughing fits with (or without) the whoop and post-tussive vomiting.
- **Apnea**: Prolonged breathlessness, which may occur either after a coughing spasm or spontaneously in an infant.

**INVESTIGATION LOG (attach extra pages as needed)**

| DATE: | COMMENTS: |
|---|---|
| ________ | ________________________________ |
| ________ | ________________________________ |
| ________ | ________________________________ |
| ________ | ________________________________ |
| ________ | ________________________________ |
| ________ | ________________________________ |
| ________ | ________________________________ |