



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
OFFICE OF SURVEILLANCE

**PERTUSSIS REPORT**

				CASE NO.
PATIENT	NAME (LAST, FIRST, M.I.)			COUNTY
	ADDRESS	CITY	STATE	ZIP CODE
Reporting Physician Nurse/Hosp/ Clinic	NAME			TELEPHONE
	ADDRESS	CITY		ZIP CODE

DEMOGRAPHICS			
BIRTHDATE (MONTH/DAY/YEAR)	RACE		ETHNICITY
SEX	<input type="checkbox"/> NATIVE AMER./ALASKAN NATIVE	<input type="checkbox"/> WHITE	<input type="checkbox"/> HISPANIC
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER	<input type="checkbox"/> NOT HISPANIC
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN

CLINICAL DATA			
EVENT DATE (MONTH/DAY/YEAR)	OUTBREAK ASSOCIATED (LEAVE BLANK UNLESS CASE AFFILIATED WITH OUTBREAK AND WANT TO NOTE OUTBREAK)		
Cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Paroxysmal cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posttussive vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	COUGH ONSET DATE (MONTH/DAY/YEAR)		COUGH AT FINAL INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	FINAL INTERVIEW DATE (MONTH/DAY/YEAR)		DURATION OF COUGH AT FINAL INTERVIEW (DAYS)

COMPLICATIONS			
CHEST X-RAY FOR PNEUMONIA <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT DONE <input type="checkbox"/> UNKNOWN			DIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Seizures due to pertussis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Acute encephalopathy due to pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalized due to pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IF HOSPITALIZED, DAYS HOSPITALIZED		COUGH AT FINAL INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

TREATMENT	
WERE ANTIBIOTICS GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
DATE STARTED 1ST ANTIBIOTIC (MONTH/DAY/YEAR)	NUMBER OF DAYS 1ST ANTIBIOTIC ACTUALLY TAKEN
FIRST ANTIBIOTIC RECEIVED	
<input type="checkbox"/> ERTYHROMYCIN (INCL. PEDIAZOLE, ILOSONE)	<input type="checkbox"/> TETRACYCLINE / DOXYCYCLINE <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> COTRIMOXAZOLE (BACTRIM / SEPTRA)	<input type="checkbox"/> AMOXICILLIN / PENICILLIN / AMPICILLIN / AUGMENTIN / CECLOR / CEFIXIME
<input type="checkbox"/> CLARITHROMYCIN / AZITHROMYCIN	<input type="checkbox"/> OTHER
DATE STARTED 2ND ANTIBIOTIC (MONTH/DAY/YEAR)	NUMBER OF DAYS 2ND ANTIBIOTIC ACTUALLY TAKEN
SECOND ANTIBIOTIC RECEIVED	
<input type="checkbox"/> ERTYHROMYCIN (INCL. PEDIAZOLE, ILOSONE)	<input type="checkbox"/> TETRACYCLINE / DOXYCYCLINE <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> COTRIMOXAZOLE (BACTRIM / SEPTRA)	<input type="checkbox"/> AMOXICILLIN / PENICILLIN / AMPICILLIN / AUGMENTIN / CECLOR / CEFIXIME
<input type="checkbox"/> CLARITHROMYCIN / AZITHROMYCIN	<input type="checkbox"/> OTHER

LABORATORY			
WAS LABORATORY TESTING FOR PERTUSSIS DONE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
	DATE SPECIMEN COLLECTED (MONTH/DAY/YEAR)	RESULT	IS CASE LABORATORY-CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Culture			RESULT CODE P POSITIVE N NEGATIVE I INDETERMINATE E PENDING X NOT DONE S PARAPERTUSSIS  NOTE: Serology result is based on either single sample or combined result from acute and convalescent samples.
DFA			
PCR			
Serology (1st specimen)			
Serology (2nd specimen)			



**CONTACTS (HOUSEHOLD AND OTHER)**

NAME, ADDRESS AND PHONE	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	DATE MEDICATION GIVEN	TYPE OF MEDICATION	DATE LABORATORY SPECIMEN COLLECTED	LABORATORY RESULTS

**NOTES**

Age	Age of patient at cough onset in no. of years, months, weeks, or days.
Outbreak (Pertussis)	A cluster of $\geq 5$ cases (at least one culture-confirmed) in space and time.
Paroxysmal cough	Sudden uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath.
Whoop	High-pitched noise heard on breathing after a coughing spasm.
Posttussive vomiting	Vomiting that follows a paroxysm of coughing.
Apnea	Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant.
Final Interview date	Date of the last interview conducted with the patient or provider to obtain case information.
Cough at final interview	Was the patient still coughing at time of the final interview?
Duration of cough	The total number of days the patient has coughed by the time of the final interview. If cough duration is < 14 days at final interview when the case is reported, it is important to recontact the patient to establish whether the patient did cough for at least 14 days.
Seizures due to pertussis	Generalized or focal seizures due to pertussis.
Acute encephalopathy to pertussis	Acute illness of the brain manifesting as decreased level of consciousness (excluding post-seizures state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized, and have undergone extensive evaluation. (This should be verified by a physician; it is usually mentioned in the hospital discharge summary.)
Died	If patient died from pertussis, verification with the physician is recommended.
Epi-linked	A case that has had close contact with a culture-confirmed case, with cough onset in the period from 30 days before to 30 days after cough onset in the culture-confirmed case, and the timing of the contact was compatible with the incubation period of pertussis (6-20 days).

**COMMENTS**


---



---



---



---



---

DATE CASE FIRST REPORTED TO STATE MONTH      DATE      YEAR	FORM COMPLETED BY	TELEPHONE (      )	DATE FORM COMPLETED MONTH      DATE      YEAR
--	-------------------	-----------------------	--