

Pertussis Surveillance Worksheet

Generic MMG

Pertussis V1.0 MMG R1 20180504

NAME _____ (last) (first)		ADDRESS (Street and No.) _____		Phone _____	Hospital Record No. _____																																																								
This information will not be sent to CDC																																																													
REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> other source type		NAME _____ ADDRESS _____ ZIP CODE <u>52831-5</u> PHONE (____) _____		SUBJECT ADDRESS CITY <u>PID-11.3</u> SUBJECT ADDRESS STATE <u>PID-11.4</u> SUBJECT ADDRESS COUNTY <u>PID-11.9</u> SUBJECT ADDRESS ZIP CODE <u>PID-11.5</u> LOCAL SUBJECT ID <u>PID-3</u>																																																									
CASE INFORMATION																																																													
Date of Birth <u>PID-7</u> _____ month day year		Country of Birth <u>78746-5</u>		Other Birth Place <u>21842-0</u> Country of Usual Residence <u>77983-5</u>																																																									
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other <u>32624-9</u> <input type="checkbox"/> Unknown																																																													
Ethnic <u>PID-22</u> H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>		Sex <u>PID-8</u> M=male F=female U=unknown <input type="checkbox"/>																																																											
Age at Case Investigation <u>77998-3</u>		Age Unit* <u>OBX-6 for 77998-3</u>		Reporting County <u>77967-8</u> Reporting State <u>77966-0</u>																																																									
Date Reported <u>77995-9</u> _____ month day year		Date First Reported to PHD <u>77970-2</u> _____ month day year		National Reporting Jurisdiction <u>77968-6</u>																																																									
Earliest Date Reported to County <u>77972-8</u> _____ (mm/dd/yyyy)			Earliest Date Reported to State <u>77973-6</u> _____ (mm/dd/yyyy)																																																										
Case Class Status <u>77990-0</u> <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case			Case Investigation Start Date <u>77979-3</u> _____ month day year																																																										
Case Detection Method <u>INV159</u> <input type="checkbox"/> prenatal testing <input type="checkbox"/> prison entry <input type="checkbox"/> provider report <input type="checkbox"/> routine physical <input type="checkbox"/> self-referral <input type="checkbox"/> other _____ <input type="checkbox"/> unknown																																																													
Case Investigation Status Code <u>INV109</u> <input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> other _____ <input type="checkbox"/> rejected <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown																																																													
CLINICAL INFORMATION																																																													
Illness Onset Date <u>11368-8</u> _____ month day year		Illness End Date <u>77976-9</u> _____ month day year		Illness Duration <u>77977-7</u> Duration Units* <u>OBX-6 for 77977-7</u>																																																									
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>		Hospital Admission Date <u>8656-1</u> _____ month day year		Hospital Discharge Date <u>8649-6</u> _____ month day year																																																									
Duration of Hospital Stay <u>78033-8</u> 0-998 _____ 999=unknown (days)		Date of Diagnosis <u>77975-1</u> _____ month day year		Pregnancy Status Y=yes N=no U=unknown <input type="checkbox"/>																																																									
SIGNS AND SYMPTOMS <u>56831-1</u>			COMPLICATIONS <u>67187-5</u>																																																										
<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>U</th> <th></th> <th>Y</th> <th>N</th> <th>U</th> </tr> </thead> <tbody> <tr> <td>Apnea</td> <td></td> <td></td> <td></td> <td>Post-tussive vomiting</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cough</td> <td></td> <td></td> <td></td> <td>Whoop</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cyanosis</td> <td></td> <td></td> <td></td> <td>Other (specify) _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Paroxysmal cough</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Y	N	U		Y	N	U	Apnea				Post-tussive vomiting				Cough				Whoop				Cyanosis				Other (specify) _____				Paroxysmal cough								<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>U</th> </tr> </thead> <tbody> <tr> <td>Encephalopathy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Seizures</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Y	N	U	Encephalopathy				Seizures				Other _____			
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<u>INV919</u> Y=yes N=no U=unknown			<u>NV920</u> Y=yes N=no U=unknown																																																										
Cough Onset Date <u>85932-2</u> _____ (mm/dd/yyyy)		Age at Cough Onset <u>85934-8</u> <input type="checkbox"/> <input type="checkbox"/>		Age Unit* <u>OBX-6 for 85943-8</u>																																																									
Total Cough Duration <u>85933-0</u> <input type="checkbox"/> <input type="checkbox"/> (days)		Was there a cough at patient's final interview? <u>PRT008</u> Y=yes N=no U=unknown <input type="checkbox"/>																																																											
Date of Final Interview <u>INV555</u> _____ month day year		Subject died? <u>77978-5</u> Y=yes N=no U=unknown <input type="checkbox"/>		Deceased Date <u>PID-29</u> _____ month day year																																																									
Chest X-Ray for Pneumonia <u>INV923</u> P=positive N=negative X=not done U=unknown <input type="checkbox"/>			Were antibiotics given? Y=yes N=no U=unknown <input type="checkbox"/>																																																										
<u>INV559</u>																																																													
*UNITS <u>OBX-6</u> a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown																																																													

TREATMENT

First Antibiotic Received <input type="checkbox"/> <input type="checkbox"/> 29303-5	Date Treatment Initiated ____-____-____ 86948-7 month day year	Treatment Duration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (days) 67453-1
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ANTIBIOTIC(S) GIVEN

- 1 = amoxicillin 2 = amoxicillin-potassium clavulanate combination 3 = ampicillin 4 = azithromycin 5 = ceftriaxone 6 = cefuroxime
 7 = ciprofloxacin 8 = other _____ 9 = unknown 10 = clarithromycin 11 = doxycycline 12 = erythromycin
 13 = none 14 = penicillins 15 = trimethoprim-sulfamethoxazole 16 = tetracycline

Second Antibiotic Received <input type="checkbox"/> <input type="checkbox"/> 29303-5	Date Treatment Initiated ____-____-____ 86948-7 month day year	Treatment Duration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (days) 67453-1
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LABORATORY INFORMATION

VPD Lab Message Reference Laboratory LAB143	VPD Lab Message Patient Identifier LAB598	VPD Lab Message Specimen Identifier LAB125
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Was Laboratory Testing Done to Confirm Diagnosis? LAB630 Y=Yes N=No U=Unknown

Was Case Lab INV164 y Confirmed? Y=yes N=no U=unknown **Was a Speci 82314-6 nt to CDC for Testing?** Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Specimen Source	Date Specimen Sent to CDC	Specimen Analyzed Date	Performing Laboratory Type
INV290	INV291	68963-8 <small>month day year</small>	LAB628	LAB115	31208-2	85930-6 <small>month day year</small>	OBX-19 <small>month day year</small>	82771-7
IgA 29672-3		-----				-----	-----	
IgM 29673-1		-----				-----	-----	
IgG (acute) LAB635		-----				-----	-----	
IgG (conv) LAB636		-----				-----	-----	
IgG EIA 29659-0 (unspecified)		-----				-----	-----	
IgG toxin 85684-9		-----				-----	-----	
culture 549-6		-----				-----	-----	
DFA 550-4		-----				-----	-----	
PCR 23826-1		-----				-----	-----	
genotype LAB634		-----				-----	-----	
other test type LAB608		-----				-----	-----	
unspecified serology LAB707		-----				-----	-----	
unknown LAB609		-----				-----	-----	

Lab Test Interpretation Codes INV291	Specimen Source Codes 31208-2		
BP= <i>Bordetella parapertussis</i> BS= <i>Bordetella</i> species P=positive N=negative E=pending X=not done S=significant rise in titer NS=no significant rise in titer I=Indeterminate Q=equivocal O=other (specify) U=unknown	1=bacterial isolate 2=blood 3=body fluid 4=bronchoalveolar lavage 5=buccal smear 6=buccal swab 7=capillary blood 8=other (specify) 9=unknown	10=cataract 11=CSF 12=lesion 13=microbial isolate 14=crust 15=DNA 16=lesion 17=macular scraping 18=microbial isolate	19=nasopharyngeal isolate 20=nasopharygeal swab 21=nasopharygeal washing 22=nucleic acid 23=oral fluid 24=oral swab 25=plasma 26=RNA 27=saliva 28=scab 29=serum 30=skin lesion 31=specimen 32=lung 33=lavage 34=stool 35=swab 36=skin lesion swab
	37=nasal sinus	38=vesiculaswab	39=internal nose
	40=throat	41=tissue	42=urine
	43=vesicle fluid	44=viral isolate	

Performing Laboratory Type 82771-7	1=CDC lab	2=commercial lab	3=hospital lab	4=other clinical lab	5=public health lab
	6=VPD testing lab	8=other (specify)	9=unknown		

VACCINATION HISTORY INFORMATION

VACCINATED (has the case-patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown

Was the subject vaccinated per ACIP recommendations? VAC148 Y=yes N=no U=unknown

Number of doses against this disease received prior to illness onset: 82745-1 0 - 6 99=unknown (doses)

Date of last dose against this disease prior to illness onset: VAC142 ____ - ____ - ____ (mm/dd/yyyy)

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiry Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
<input type="checkbox"/> 30956-7	<input type="checkbox"/> 30952-6 month day year	<input type="checkbox"/> 30957-5	<input type="checkbox"/> 30959-1	<input type="checkbox"/> VAC109 month day year	<input type="checkbox"/> VAC153	<input type="checkbox"/> VAC102	<input type="checkbox"/> VAC147	<input type="checkbox"/> 30973-2

<p>VACCINE TYPE CODES <input type="checkbox"/> 30956-7</p> <p>W=DTP whole cell X=Tdap A=DTaP unspecified K=DTaP-IPV R=DTaP 5 pertussis V=DTaP-IPV-HepB H=DTaP-Hib N=DTaP-IPV-Hib D=DT or Td H=DTaP-IPV-HIB-HEPB historical T=DTP-Hib B=DTaP,IPV,Hib,HepB P=pertussis only O=other (specify)</p>	<p>VACCINE MANUFACTURER CODES <input type="checkbox"/> 30957-5</p> <p>C = Sanofi Pasteur L=Wyeth S=GlaxoSmithKline M=Massachusetts Health Department I=Michigan Health Department N=North American Vaccine O = other (specify) U = unknown</p>	<p>VACCINE EVENT INFORMATION SOURCE CODES <input type="checkbox"/> VAC147</p> <p>00= new immunization record 01= historical information, source unidentified 02= historical information, other provider 05= historical information, other registry 06= historical information, birth certificate OTH= other 07= historical information, school record UNK= unknown 08= historical information, public agency 09= historical information, patient or parent recall 10= historical information, patient or parent written record</p>
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Reason Not Vaccinated Per ACIP VAC149

1 = religious exemption 5 = MD diagnosis of previous disease 9 = unknown 13 = parent/patient unaware of recommendation
 2 = medical contraindication 6 = too young 10 = parent/patient forgot to vaccinate 14 = missed opportunity
 3 = philosophical objection 7 = parent/patient refusal 11 = vaccine record incomplete/unavailable 15 = foreign visitor
 4 = lab evidence of previous disease 8 = other _____ 12 = parent/patient report of previous disease 16 = immigrant

EXPOSURE

Epi-linked to confirmed Case? Y=yes N=no U=Unknown **Outbreak related?** Y=yes N=no U=unknown **Outbreak Name** 77981-9

INV927 77980-1

Country of Exposure 77984-3 **State/Province of Exposure** 77985-0 **County of Exposure** 77987-6 **City of Exposure** 77986-8

IMPORTATION

Imported Code 77982-7 1=Indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to determine source 9=unknown

Imported Country INV153 **Imported State** INV154 **Imported County** INV156 **Imported City** INV155

<p>TRANSMISSION SETTING</p> <p><input type="checkbox"/> 81267-7</p>	<p>1 = day care 2 = school 3 = doctor's office 4 = hospital ward 5 = hospital ER 6 = hospital outpatient 7 = home 8 = other _____ 9 = unknown 10 = college 11 = military 12 = correctional facility 13 = place of worship 14 = international travel 15 = community 16 = work 17 = athletics <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">Transmission Mode <input type="checkbox"/> 77989-2</p>
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EPIDEMIOLOGIC INFORMATION

Mother's age at infant's birth (if case <1yr old): **Did mother receive Tdap (if case <1yr old)?** Y=yes N=no U=unknown

When was Tdap administered? prior to pregnancy during pregnancy postpartum other _____ unknown

Date Tdap Administered month day year **Gestational Age** weeks (if case <1yr old) **Infant Birth Weight** (if case <1 yr old) **Birth Weight Units** g=gram lb=pound Kg=kilogram oz=ounce

Was case-patient a healthcare provider at onset of illness? Y=yes N=no U=unknown

Transmission Setting of Further Spread
 1 = day care 2 = school 3 = doctor's office 4 = hospital ward 5 = hospital ER 6 = hospital outpatient clinic 7 = home
 8 = other _____ 9 = unknown 10 = college 11 = military 12 = correctional facility 13 = church
 14 = international travel 15 = work 16 = athletics 17 = community 18 = no documented spread outside 19 = setting outside household

One or more suspected sources of infection? Y=yes N=no U=unknown **Number of Suspected Sources**

Suspected Source	Age <input type="checkbox" value="PRT074"/>	Age Unit [†] <input type="checkbox" value="OBX-6 for PRT074"/>	Sex <input type="checkbox" value="PRT076"/>	Relationship to Case <input type="checkbox" value="PRT077"/>	Cough Onset Date <input type="checkbox" value="PRT088"/> month day year	Number of Contacts Recommended Prophylaxis <input type="checkbox" value="INV562"/>	Relationship Codes <input type="checkbox" value="PRT077"/>
Source 1	---	---	---	---	---	<input type="checkbox" value=""/>	bro=brother ngh=neighbor fth=father oth=other (specify) fnd=friend sis=sister grp=grandparent spo=spouse mth=mother unk=unknown
Source 2	---	---	---	---			
Source 3	---	---	---	---			

[†]Units a=year d=day mo=month wk=week unk=unknown

CASE NOTIFICATION

Condition Code **10190** Immediate National Notifiable Condition Y=yes N=no U=unknown **Legacy Case ID**

State Case ID **Local Record ID** **Jurisdiction Code** **Binational Reporting Criteria**

Date First Verbal Notification to CDC month day year **Date First Electronically Submitted** month day year

Date of Electronic Case Notification to CDC month day year **MMWR Week** **MMWR Year**

Current Occupation (type of work case-patient does) **Current Occupation Standardized (NIOCCS code)**

Current Industry (type of business or industry in which case-patient works) **Current Industry Standardized (NIOCCS code)**

Person Reporting to CDC Name (first) _____ (last) _____ **Person Reporting to CDC Email** @ _____ **Person Reporting to CDC Phone Number** (_____) _____

COMMENTS

CLINICAL CASE DEFINITION[†]

PROBABLE

- In the absence of a more likely diagnosis, illness meeting the clinical criteria

OR

- Illness with cough of any duration, with
 - At least one of the following signs or symptoms:
 - Paroxysms of coughing; or
 - inspiratory whoop; or
 - Post-tussive vomiting, or
 - Apnea (with or without cyanosis)

AND

- Contact with a laboratory confirmed case (epidemiological linkage)

CONFIRMED

Acute cough illness of any duration, with

- Isolation of *B. pertussis* from a clinical specimen **OR**
- PCR positive for *B. pertussis*

[†]<https://www.cdc.gov/ndss/conditions/pertussis/case-definition/2020/>