

Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* Yes No Unknown

Clinical Features

Cough for more than 2 weeks Yes No Unknown **Paroxysmal cough** Yes No Unknown
 Cough ending in vomiting or apnoea Yes No Unknown **Inspiratory whoop** Yes No Unknown

LABORATORY CRITERIA

Isolation of *Bordetella pertussis* from nasopharynx* Yes No Not Done Awaiting Results Unknown
 Other positive test (specify)* _____

EPIDEMIOLOGICAL CRITERIA

Contact with a laboratory confirmed case of pertussis* Yes No Unknown

STATUS* Under investigation Suspect Probable Confirmed Not a case

Clinical Course and Outcome

Date of onset* _____ Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____ Unknown

Was this disease the primary cause of death?* Yes No Unknown
 If no, specify the primary cause of death* _____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*
 Yes **If yes, specify Outbreak No.*** _____

Risk Factors

Attendance at school, pre-school or childcare~ Yes No Unknown

Other risk factors for disease~ _____

Protective Factors

At any time prior to onset, had the case been immunised with pertussis vaccine (DTP or DTPH or DTaP)* Yes No Unknown

If yes, specify vaccine details*

First administered dose:* DTPH/DTP/DTaP Unknown

Date given* _____ Or age when first dose was given _____ Weeks Months Years

Source of information* Patient/caregiver recall Documented

