

Basis of Diagnosis**CLINICAL CRITERIA**Fits clinical description* **FitClinDes** Yes No Unknown**Clinical Features**Cough for more than 2 weeks **Cough** Yes No Unknown **Paroxysmal cough** **Paroxysm** Yes No UnknownCough ending in vomiting or apnoea **CoughVomit** Yes No Unknown **Inspiratory whoop** **CoughWhoop** Yes No Unknown**LABORATORY CRITERIA**Isolation of *Bordetella pertussis* from nasopharynx* **Isolation** Yes No Not Done Awaiting Results UnknownOther positive test (specify)* **OtherTest** _____**EPIDEMIOLOGICAL CRITERIA**Contact with a laboratory confirmed case of pertussis* **ContCase** Yes No Unknown**STATUS*** **Status** Under investigation Suspect Probable Confirmed Not a case**Clinical Course and Outcome**Date of onset* **OnsetDt** _____ Approximate **OnsetDtApprox** Unknown **OnsetDtUnknown**Hospitalised* **Hosp** Yes No UnknownDate hospitalised* **HospDt** _____ Unknown **HospDtUnknown**Hospital* **HospName** _____Died* **Died** Yes No UnknownDate died* **DiedDt** _____ Unknown **DiedDtUnknown**Was this disease the primary cause of death?* **DiedPrimary** Yes No UnknownIf no, specify the primary cause of death* **DiedOther** _____**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 **Outbrk**If yes, specify Outbreak No.* **OutbrkNo** _____**Risk Factors**Attendance at school, pre-school or childcare~ **AttendSch** Yes No UnknownOther risk factors for disease~ **RiskOthSpecify** _____**Protective Factors**At any time prior to onset, had the case been immunised with pertussis vaccine (DTP or DTPH or DTaP)* **Immunised** Yes No Unknown

If yes, specify vaccine details*

First administered dose:* **FirstDose** DTPH/DTP/DTaP UnknownDate given* **DtFirstDose** _____ Or age when first dose was given **AgeFirstDose** Weeks Months Years **YMWFirstDose**Source of information* **SceFirstDose** Patient/caregiver recall Documented

Protective Factors continued

Second administered dose:* DTPH/DTP/DTaP Not Given Unknown **SecndDose**

Date given* **DtSecndDose** _____ Or age when second dose was given **AgeSecndDose** ___ Weeks Months Years **YMWSecndDose**

Source of information* Patient/caregiver recall Documented **ScceSecndDose**

Third administered dose:* DTPH/DTP/DTaP Not Given Unknown **ThirdDose**

Date given* **DtThirdDose** _____ Or age when third dose was given **AgeThirdDose** ___ Weeks Months Years **YMWThirdDose**

Source of information* Patient/caregiver recall Documented **ScceThirdDose**

Fourth administered dose:* DTPH/DTP/DTaP Not Given Unknown **FourthDose**

Date given* **DtFourthDose** _____ Or age when fourth dose was given **AgeFourthDose** ___ Weeks Months Years **YMWFourthDose**

Source of information* Patient/caregiver recall Documented **ScceFourthDose**

Fifth administered dose:* DTPH/DTP/DTaP Not Given Unknown **FifthDose**

Date given* **DtFifthDose** _____ Or age when fifth dose was given **AgeFifthDose** ___ Weeks Months Years **YMWFifthDose**

Source of information* Patient/caregiver recall Documented **ScceFifthDose**

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare for 3 weeks from onset of illness or until case has received at least 5 days of appropriate antibiotic treatment **Excluded** Yes No Not Applicable Unknown

CONTACT MANAGEMENT

Contacts under 7 years of age who are not fully immunised, encouraged to be immunised **ImmuContacts** Yes No Not Applicable Unknown

Were there any household contacts less than 1 year old? **ContactLT1** Yes No Unknown

If yes, how many household contacts **NoHouse** _____

If yes, how many have had pertussis already (current or recent) **NoHadPertus** _____

If yes, how many were offered erythromycin **NoOfferEryth** _____

Comments*

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