

Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* Yes No Unknown

Clinical Features

Cough (any duration)* Yes No Unknown

If yes, cough for more than 2 weeks Yes No Unknown

Paroxysmal cough* Yes No Unknown

Inspiratory whoop* Yes No Unknown

Cough ending in vomiting, cyanosis or apnoea* Yes No Unknown

LABORATORY CRITERIA

Isolation of *Bordetella pertussis* (culture)* Yes No Not Done Awaiting Results Unknown

Detection of *B. pertussis* nucleic acid (e.g. NAAT/PCR)* Yes No Not Done Awaiting Results Unknown

B. pertussis toxin IgG test of >100 IU/ml* Yes No Not Done Awaiting Results Unknown

Significant increase in antibody levels between paired sera* Yes No Not Done Awaiting Results Unknown

EPIDEMIOLOGICAL CRITERIA

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

CLASSIFICATION* 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~ _____

