

PERTUSSIS CASE REPORT

Vaccine Preventable Disease Control Program (VPDC) 3530 Wilshire Blvd. Suite 700

Los Angeles	, CA 90010			
Phone: (213)	351-7800.	Fax:	(213)	351-2782

PATIENT DEMOGRAPHICS											
Patient's name (last, first, middle initial) DOB (month /day /year) IRIS ID											
(,							,				
Address (number and street)			Apt#	City/town			State	Zip code	County		
Address (number and street) Apt #			City/town			Claic	Zip code	County			
Phone number				Country of birth	<u> </u>			Date of arrival to L	JSA (if not born in USA)		
Home ()	Call/	Work()		USA Oth				/ /	JOA (II NOLDON IN OSA)		
		, ,) [[, ,	(
• '	ispanic/	Latino 🔲 No	on-Hispanic/No	on-Latino 🔲 t	Jnk Gender (d	check one	e)	☐ Male ☐ Other	(specify) Unk		
Race (check all that apply) Black/African-American Asian (please specify) Pacific Islander (please specify)											
☐ Native American/Alaska	n Native		sian Indian	'y) ☐ Hm	ong [☐ Thai		☐ Native Hawa			
☐ White			ambodian	 □ Jap	•	 □ Vietn	amese	 ☐ Guamanian			
Unknown			ninese	☐ Kor	-	Othe	r Asian:	Samoan			
Other:		☐ Fi	<u> </u>	Lac	otian _		_	☐ Other Pacific			
Occupation		Setting (check							Primary Language		
	☐ Health Care ☐ Day Care ☐ School ☐ Correctional Facility ☐ Other, specify:										
CLINICAL SIGNS AND								immediately.			
Cough	Co	ough onset da	te	Paroxysmal o	•	Whoop			Post-tussive vomiting		
☐ Yes ☐ No ☐ Unk		1 1		☐ Yes ☐ N	o 🗌 Unk	☐ Yes	s 🗌 No 🗌 Unk	Yes No	☐ Yes ☐ No ☐ Unknown		
Apnea	Cy	yanosis		Fever		Highes	st fever: °F/°C	Symptom onse	Symptom onset date (if no cough)		
☐ Yes ☐ No ☐ Unk] Yes 🗌 No	☐ Unk	☐ Yes ☐ No ☐ Unk				1 1	/ /		
Other Symptoms	If Yes,	describe:			Cough durat	ion at er	nd of investigat	ion □<14 days	□ > 14 days □ I Ink		
Yes No Unk Cough duration at end of investigation											
Pregnant	lf	pregnant, estir	mated date of	Hospitalized	(<u>></u> 24 hours)		Dates hospitaliz	red	Total # days hosp.		
☐ Yes ☐No ☐Unknowr	n de	livery.	/ /	☐ Yes ☐ N	o 🗌 Unknowr	ı	1 1	to / /	days		
Hospital name			Patient in IC	Ü Da	ays in ICU Int	ubated		Days intubated S	Seizures due to pertussis		
			☐ Yes ☐ N	lo 🗌 Unk		Yes 🗆	No 🗌 Unk] Yes ☐ No ☐ Unk		
Receive exchange transfus	ion	Receive	ECMO	Chest x-ray	y for pneumoni	a	Died*		Date of death		
☐ Yes ☐ No ☐ Unknow	vn	☐ Yes	☐ No ☐ Unl	k Positive	e ☐ Negative	☐ Not	done	☐ No ☐ Unk	1 1		
Were appropriate antibiotic	s given'	? Date sta	rted antibiotics	Antibiotic	type: Azyth	romycin	Clarithro	mycin	nycin (includes pediazole)		
☐ Yes ☐ No ☐ Unknow	vn	1	1			ethoxaz		cole), i.e., bactrim/s			
				Other:			None	Unknow	n		
FOR INFANTS <12 MO								111111111111111111111111111111111111111	(111		
Mother's name (last, first	, middle	e initial)						Mother's DOB (I	mm /aa /yyyy)		
Dranatal care provider nam	o (Clin	ician and/ar D	rootica) Bron	atal cara provid	lar lagation (at	root oits	(otata zin)	Dronatal agra pro	vider phone		
Prenatal care provider name (Clinician and/or Practice) Prenatal care provider location (street, city, state, zip) Prenatal care provider phone Prenatal care phone Prenatal care provider phone Prenatal care phone Pre											
document provider(s) who saw mother closest to 27-36 weeks gestation.											
							.				
Did mother receive Tdap d									·		
If yes, what trimester during pregnancy or postpartum did the mother receive Tdap?											
Where did mother receive Tdap during this pregnancy?											
If the mother did not receive the Tdap at the prenatal care provider's office, what is the name and phone number of the facility where she got the Tdap?											
Facility name Facility phone											
VACCINATION / MEDICAL HISTORY											
Has the patient ever received pertussis vaccine?											
illness onset: □ Tdap □ DTaP □ DTP / /											
Reason not vaccinated (check all that apply): Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME)											
☐ Temporary Medical Exemption ☐ Under age for vaccination ☐ Delay in starting series or between doses ☐ Unknown ☐ Other:											
PLEASE ENTER DOSE INFORMATION FOR ENTIRE SERIES FOR INFANTS <12 MONTHS OF AGE – (other ages optional)											
	#2:	1 1	#3:	1 1	#4:/	1	#5: <u>/</u>	1	#6: <u>/ /</u>		
☐ Date Unk	□ Dat	e l lnk	I□ Date	l lnk	□ Date Uni	K	I □ Date I	lnk	□ Date Link		

LABORATORY INFORMATION CARSE LAB CONFINED (FOR PVPCC USE) Yes No Unknown Culture specimen date POR result POR result Positive Negative Indeterminate Pending Not done Unknown FOR result Positive Negative Indeterminate Pending Not done Unknown Port pressible labels so preferred Positive Negative Indeterminate Pending Not done Unknown Positive Negative Negative Indeterminate Pending Not done Unknown Positive Negative	Patient name (last, first):						_ Date of B	irth:		Incid	dent ID:	
Culture performed Culture specimen date Culture result												
Yes No Unknown	· · · · · · · · · · · · · · · · · · ·	, _										
Polymerase chain reaction (PCR) performed PCR specimen date PCR result Positive Negative Indeterminate Pending Not done Unix	·		•	n date	_							—
Ves							∐ Negative	∐ Indete	erminate	☐ Pendin	ıg ∐ Not doı	ne Unk
Other pertussis lab tests performed Other test specimen date Other lab tests Other lab test results Other lab test results	, ,,		PCR specimen date					_		_	_	_
Yes No Unknown			<u> </u>					∐ Indete				ne ∐ Unk
PIDEMIOL OGIC INFORMATION Contact to an infant of year of age? Contact to a pregnant woman? Contact to an infant of year of age? Contact to a pregnant woman? Contact to an infant of year of age? Contact to an infant of year of year of age? Contact to an infant of year of year of age? Contact to an infant of year of year of age? Contact to an infant of year	·		•	nen date	Speci	ify other	lab tests		Other lab	test result	S	
Contact to a infant <1 year of age?	∐ Yes	/	/									
Yes No Unknown Child care Healthcare Other						1						
Epi-linked to a tab-confirmed case Case name and VCMR D	, ,							•	•			
Yes No Unknown								Healthcare				
CONTACTS Cough Name	'	Case nai	me <u>and</u> vCl	MR ID						tbreak num	ber & location	1
Cough Name DOB Age Same Earlises mill Duration Signs and Symptoms PCR (*) Rx date Rx Name DOB Nousehold Cough onset date Cally Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / / Paroxysma Post-basive vomit Yes / /	☐ Yes ☐ No ☐ Unknown					∐ Yes	s ∐ No	∐ Unkno	wn			
No					1.							
Yes	Cough Name DOE	Age					Signs a	and Sympto	ms	PCR (+)	Rx date	Rx Name
No	☐ Yes / /			•		(uays)	□ Paroxysms	☐ Post-tu:	ssive vomit	□Yes	1 1	
No				, ,			-				, ,	
Yes	☐ Yes / /		Yes	1 1			☐ Paroxysms	☐ Post-tu	ssive vomit	☐ Yes	1 1	
□ No							· ·					
Yes Yes			_	/ /				_	ssive vomit	_	/ /	
Yes				1 1			· ·		ssive vomit	_	1 1	
□ No	□ No		□No				□ Whoop	☐ Apnea		□ No		
Nest				1 1			_		ssive vomit		1 1	
INFECTION TIMELINE Incubation period: 7-21 days INFECTIOUS PERIOD INFECTIOUS PERIOD Days from onset: -21 days Calendar dates: (Incultivaty/year) CIDINAL PLAN CASE DEFINITION Clinical case definition: In the absence of a more likely diagnosis a cough illness lasting > 2 weeks with one of the following symptoms: - Parxysym of coughing, OR - Papreus but meets the clinical case definition and is confirmed by desection of 8. pertussis-specific nucleic acid by polymerase chain reaction (PCR) OR 3. A case that meets the clinical case definition and is confirmed by detection of 1s portal probable in 10s laboratory-confirmed case. OF FOR INFANTS AGED < 1 YEAR ONLY Whoop				, ,					aciva vamit	_	, ,	
Incubation period: 7-21 days. Infectious period: Up to 21 days after the onset of the earliest symptoms. If treated, only 5 days. Post-exposure prophylaxis: See B-73. Enter date of earliest mild cough onset in onset box Count backward to determine probable exposure period and count forward to determine infectious period. EXPOSURE PERIOD INFECTIOUS PERIOD Days from onset: -21 days ONSET DATE* +21 days (if treated, +5 days) *Earliest onset of symptoms COMMON VPDC TRACKING DATA Date reported Date investigation started				/ /					ssive voiliit		/ /	
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Days from onset: Calendar dates: (month/day/year) Date reported Date investigation started Person/clinician reporting case Reporter telephone	Count by	ackward to do	Enter	date of earl	iest m	ild coug	h onset in or	nset box	tormino i	nfootious n	oriod	
Days from onset: Calendar dates: (month/day/year) COMMON VPDC TRACKING DATA Date reported	Court ba				sure p	erioù ai				nections p	erioa.	
Calendar dates: (month/day/year) Date investigation started	Г	LXI O	JOIL I EIG	OD .			INI LOTIOC	O I ERIOI				
COMMON VPDC TRACKING DATA Date reported	Days from onset:	-21 days					ONSET DATE	* +2	1 days (if	treated, +5	days)	
Date investigation started									/_	_/	*Farliest	onset of symptoms
Date reported		TΛ						L			1 20,7001	
CASE CLASSIFICATION (FOR VPDC USE)			Person/cl	inician repo	rting c	ase				Report	ter telephone	
CASE CLASSIFICATION (FOR VPDC USE)	1 1 1									()	
2014 CASE DEFINITION Clinical case definition: In the absence of a more likely diagnosis a cough illness lasting ≥ 2 weeks with one of the following symptoms: Paroxysm of coughing, OR Inspiratory "whoop," OR Post-tussive vomiting, OR Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY) Case classification Confirmed: 1) An acute cough illness of any duration with isolation of B. pertussis from a clinical specimen OR 2) A case that meets the clinical case definition and is confirmed by detection of B. pertussis-specific nucleic acid by polymerase chain reaction (PCR) OR 3) A case that meets the clinical case definition and is epidemiologically-linked directly to a laboratory-confirmed case of pertussis. Probable: 1) A case that meets the clinical case definition and is not laboratory-confirmed with culture or PCR and is not epidemiologically-linked directly to a confirmed case. OR FOR INFANTS AGED <1 YEAR ONLY	Investigator's name Investigator's telephone							Health	District			
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Probable: 1) A case that meets the clinical case definition and is not laboratory-confirmed with culture or PCR and is not epidemiologically-linked directly to a confirmed case. OR FOR INFANTS AGED <1 YEAR ONLY	•		-			•				n reaction (P	CR) OR	
	Probable: 1) A case that meets the clinic		_	-	-		=	-		ically-linked i	directly to a con	firmed case OF
Acute cough illness of any duration, with at least one of the following: (paroxysms of coughing, inspiratory "whoop", post-tussive vomiting, or apnea (with or without cyanosis,	FOR INFANTS AGED <1 YEAR ONLY		n and is not	laboratory-co	1111111100	a with cui	lture or PCR a	nd is not ep	naemiologi	iouny minou	unecity to a con	minica casc. Or
AND PCR positive for pertussis or contact to a laboratory-confirmed case of pertussis.		al case definitio		-				•		-	•	
Suspect: 1) An acute cough illness of any duration with detection of B. pertussis-specific nucleic acid by PCR OR 2) An acute cough illness of any duration with at least one of the following: (paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting) that is epidemiologically-linked	Acute cough illness of any duration, AND PCR positive for pertussis or c	al case definition with at least one ontact to a labor	e of the follor atory-confirm	wing: (paroxy ned case of p	sms of ertussis	coughings.	g, inspiratory "\	•		-	•	

PERTUSSIS CASE REPORT – vpdc-pertussisrep (06/23) CONFIDENTIAL – This material is subject to the Official Information Privilege Act Adapted from CDPH's PERTUSSIS CASE REPORT (CDPH 8258) (10/17) by VPDC.

directly to a confirmed case.