

CASE REPORT FORM

Pertussis

	EpiSurv No.
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Reporting Authority	
Name of Public Health Officer responsible for case 	
Notifier Identification ?	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source Organisation 	
Date reported* dd/mm/yyyy 📅 Laboratory sample date dd/mm/yyyy 📅 Contact phone 	
Usual GP Practice GP phone 	
GP/Practice address Number Street Suburb Town/City Post Code GeoCode 	
Case Identification ?	
Name of case* Surname Given Name(s) 	
NHI number* Email 	
Current address* Number Street Suburb Town/City Post Code GeoCode 	
Phone (home) Phone (work) Phone (other) 	
Case Demography	
Location TA* DHB* 	
Date of birth* dd/mm/yyyy 📅 OR Age <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown <input type="radio"/> Other	
Occupation* ?	
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name 	
Address Number Street Suburb Town/City Post Code GeoCode 	
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name 	
Address Number Street Suburb Town/City Post Code GeoCode 	
Ethnic group case belongs to* (tick all that apply) ?	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> NZ European</div> <div style="width: 50%;"><input type="checkbox"/> Maori</div> <div style="width: 50%;"><input type="checkbox"/> Samoan</div> <div style="width: 50%;"><input type="checkbox"/> Cook Island Maori</div> <div style="width: 50%;"><input type="checkbox"/> Niuean</div> <div style="width: 50%;"><input type="checkbox"/> Chinese</div> <div style="width: 50%;"><input type="checkbox"/> Indian</div> <div style="width: 50%;"><input type="checkbox"/> Tongan</div> <div style="width: 100%;"><input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) </div> </div>	

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Basis of Diagnosis	
CLINICAL CRITERIA (?)	
Fits clinical description*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Clinical Features	
Cough (any duration)*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, cough for more than 2 weeks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Paroxysmal cough*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Inspiratory whoop*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Cough ending in vomiting, cyanosis or apnoea*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
LABORATORY CRITERIA (?)	
Isolation of <i>Bordetella pertussis</i> (culture)*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Detection of <i>B. pertussis</i> nucleic acid (e.g. NAAT/PCR)*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
<i>B. pertussis</i> toxin IgG test of >100 IU/ml*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Significant increase in antibody levels between paired sera*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
EPIDEMIOLOGICAL CRITERIA	
Contact with a confirmed case of pertussis*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
CLASSIFICATION*	<input type="radio"/> Under investigation <input type="radio"/> Suspect <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case (?)
Clinical Course and Outcome	
Date of onset*	<div style="display: flex; align-items: center;"> <input style="width: 100px;" type="text" value="dd/mm/yyyy"/> <input style="margin-left: 5px;" type="button" value="📅"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Approximate <input type="checkbox"/> Unknown </div> </div>
Hospitalised*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised*	<div style="display: flex; align-items: center;"> <input style="width: 100px;" type="text" value="dd/mm/yyyy"/> <input style="margin-left: 5px;" type="button" value="📅"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Unknown </div> </div>
Hospital*	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Died*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date died*	<div style="display: flex; align-items: center;"> <input style="width: 100px;" type="text" value="dd/mm/yyyy"/> <input style="margin-left: 5px;" type="button" value="📅"/> <div style="margin-left: 20px;"> <input type="checkbox"/> Unknown </div> </div>
Was this disease the primary cause of death?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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)?*	
<input type="checkbox"/> Yes If yes, specify Outbreak No.*	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Risk Factors	
Attendance at school, pre-school or childcare~	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other risk factors for disease~	

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Protective Factors	
At any time prior to onset, had the case been immunised with pertussis-containing vaccine?* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify vaccine details*	
First administered dose:*	<input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Unknown
Date given*	<input type="text" value="dd/mm/yyyy"/>
Source of information*	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
Second administered dose:*	<input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<input type="text" value="dd/mm/yyyy"/>
Source of information*	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
Third administered dose:*	<input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<input type="text" value="dd/mm/yyyy"/>
Source of information*	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
Fourth administered dose:*	<input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<input type="text" value="dd/mm/yyyy"/>
Source of information*	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
Fifth administered dose:*	<input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown
Date given*	<input type="text" value="dd/mm/yyyy"/>
Source of information*	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, date vaccine was given <input type="text" value="dd/mm/yyyy"/>	
Management	
CASE MANAGEMENT	
Case excluded from work or school, preschool or childcare for 3 weeks from onset of cough or until they have completed at least 2 days of azithromycin or 5 days of a different antibiotic <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown	
CONTACT MANAGEMENT	
Contacts under 7 years of age who are not fully immunised, encouraged to be immunised <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown	
Were there any household contacts less than 1 year old? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, how many household contacts 	
If yes, how many have had pertussis already (current or recent) 	
If yes, how many were offered erythromycin 	
Comments*	