

# CASE REPORT FORM

# Pertussis

Pertussis _____	EpiSurv No. _____
-----------------	-------------------

## Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_

## Notifier Identification

**Reporting source\*** **ReportSrc**

General Practitioner     
  Hospital-based Practitioner     
  Laboratory  
 Self-notification     
  Outbreak Investigation     
  Other

**Name of reporting source** **ReportName** \_\_\_\_\_ **Organisation** **ReportOrganisation** \_\_\_\_\_

**Date reported\*** **ReportDate** \_\_\_\_\_ **Contact phone** **ReportPhone** \_\_\_\_\_

**Usual GP** **UsualGP** \_\_\_\_\_ **Practice** **GPPpracticeName** \_\_\_\_\_ **GP phone** **GPPhone** \_\_\_\_\_

**GP/Practice address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**GPAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

## Case Identification

**Name of case\*** Surname **Surname** \_\_\_\_\_ Given Name(s) **GivenName** \_\_\_\_\_

**NHI number\*** **NHINumber** \_\_\_\_\_ **Email** **Email** \_\_\_\_\_

**Current address\*** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**CaseAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

**Phone (home)** **PhoneHome** \_\_\_\_\_ **Phone (work)** **PhoneWork** \_\_\_\_\_ **Phone (other)** **PhoneOther** \_\_\_\_\_

## Case Demography

**Location** **TA\* TA** \_\_\_\_\_ **DHB\* DHB** \_\_\_\_\_

**Date of birth\*** **DateOfBirth** \_\_\_\_\_ **OR** **Age** **Age** \_\_\_\_\_  Days  Months  Years **AgeUnits**

**Sex\*** **Sex**  Male  Female  Indeterminate  Unknown

**Occupation\*** **Occupation** \_\_\_\_\_

**Occupation location** **PlaceOfWork1Type**  Place of Work  School  Pre-school

**Name** **PlaceOfWork1** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork1Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

**Alternative location** **PlaceOfWork2Type**  Place of Work  School  Pre-school

**Name** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork2Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  **GeoCode** \_\_\_\_\_

**Ethnic group case belongs to\*** (tick all that apply)

NZ European **EthNZEuroean**   
  Maori **EthMaori**   
  Samoan **EthSamoan**   
  Cook Island Maori **EthCookIslandMaori**  
 Niuean **EthNiuean**   
  Chinese **EthChinese**   
  Indian **EthIndian**   
  Tongan **EthTongan**  
 Other (such as Dutch, Japanese) **EthOther**   
 \*(specify) **EthSpecify1** \_\_\_\_\_ **EthSpecify2** \_\_\_\_\_

Pertussis		EpiSurv No. _____
<b>Basis of Diagnosis</b>		
<b>CLINICAL CRITERIA</b>		
Fits clinical description* <span style="color: red;">FitClinDes</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Clinical Features</b>		
<b>Cough (any duration)*</b> <span style="color: red;">CoughAny</span>	<input type="radio"/> Yes	<input type="radio"/> No
If yes, cough for more than 2 weeks <span style="color: red;">Cough</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Paroxysmal cough</b> <span style="color: red;">Paroxysm</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Inspiratory whoop</b> <span style="color: red;">CoughWhoop</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Cough ending in vomiting, cyanosis or apnoea</b> <span style="color: red;">CoughVomit</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>LABORATORY CRITERIA</b>		
<b>Isolation of <i>Bordetella pertussis</i></b> * <span style="color: red;">Isolation</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Detection of <i>B. pertussis</i> nucleic acid*</b> <span style="color: red;">NAAT</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b><i>B. pertussis</i> toxin IgG test of &gt;100 IU/ml*</b> <span style="color: red;">IgGgt100</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Significant increase in antibody levels between paired sera*</b> <span style="color: red;">Antibody</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>EPIDEMIOLOGICAL CRITERIA</b>		
<b>Contact with a laboratory confirmed case of pertussis*</b> <span style="color: red;">ContCase</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>CLASSIFICATION*</b> <span style="color: red;">Status</span>		
<input type="radio"/> Under investigation <input type="radio"/> Suspect <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case		
<b>Clinical Course and Outcome</b>		
<b>Date of onset*</b> <span style="color: red;">OnsetDt</span> _____	<input type="checkbox"/> Approximate <span style="color: red;">OnsetDtApprox</span>	<input type="checkbox"/> Unknown <span style="color: red;">OnsetDtUnknown</span>
<b>Hospitalised*</b> <span style="color: red;">Hosp</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Date hospitalised*</b> <span style="color: red;">HospDt</span> _____	<input type="checkbox"/> Unknown <span style="color: red;">HospDtUnknown</span>	
<b>Hospital*</b> <span style="color: red;">HospName</span> _____		
<b>Died*</b> <span style="color: red;">Died</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Date died*</b> <span style="color: red;">DiedDt</span> _____	<input type="checkbox"/> Unknown <span style="color: red;">DiedDtUnknown</span>	
<b>Was this disease the primary cause of death?*</b> <span style="color: red;">DiedPrimary</span>	<input type="radio"/> Yes	<input type="radio"/> No
If no, specify the primary cause of death* <span style="color: red;">DiedOther</span>	<input type="radio"/> Unknown	
<b>Outbreak Details</b>		
<b>Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*</b>		
<span style="color: red;">Outbrk</span> <input type="checkbox"/> Yes	If yes, specify <b>Outbreak No.*</b> <span style="color: red;">OutbrkNo</span> _____	
<b>Risk Factors</b>		
<b>Attendance at school, pre-school or childcare~</b> <span style="color: red;">AttendSch</span>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Other risk factors for disease~</b> <span style="color: red;">RiskOthSpecify</span>	<input type="radio"/> Unknown	

**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  Unknown  
 Or age when first dose was given **AgeFirstDose**  **YMWFirstDose**  Weeks  Months  Years  
 Date given\* **DtFirstDose** \_\_\_\_\_  
 Source of information\* **SceFirstDose**  Patient/caregiver recall  Documented

Second administered dose:\* **SecndDose**  DTPH/DTP/DTaP  Not Given  Unknown  
 Or age when second dose was given **AgeSecndDose**  **YMWSecndDose**  Weeks  Months  Years  
 Date given\* **DtSecndDose** \_\_\_\_\_  
 Source of information\* **SceSecndDose**  Patient/caregiver recall  Documented

Third administered dose:\* **ThirdDose**  DTPH/DTP/DTaP  Not Given  Unknown  
 Or age when third dose was given **AgeThirdDose**  **YMWThirdDose**  Weeks  Months  Years  
 Date given\* **DtThirdDose** \_\_\_\_\_  
 Source of information\* **SceThirdDose**  Patient/caregiver recall  Documented

Fourth administered dose:\* **FourthDose**  DTPH/DTP/DTaP  Not Given  Unknown  
 Or age when fourth dose was given **AgeFourthDose**  **YMWFourthDose**  Weeks  Months  Years  
 Date given\* **DtFourthDose** \_\_\_\_\_  
 Source of information\* **SceFourthDose**  Patient/caregiver recall  Documented

Fifth administered dose:\* **FifthDose**  DTPH/DTP/DTaP  Not Given  Unknown  
 Or age when fifth dose was given **AgeFifthDose**  **YMWFifthDose**  Weeks  Months  Years  
 Date given\* **DtFifthDose** \_\_\_\_\_  
 Source of information\* **SceFifthDose**  Patient/caregiver recall  Documented

**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\***

**Comments**