

CASE REPORT FORM

Pertussis

EpiSurv No.

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification (i)

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 ReportSrc Self-notification Outbreak Investigation Other

Name of reporting source Organisation

Date reported* Laboratory sample date Contact phone

Usual GP Practice GP phone

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

Case Identification (i)

Name of case* Surname Given Name(s)

NHI number* Email

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

Phone (home) Phone (work) Phone (other)

Case Demography

Location TA* DHB*

Date of birth* OR Age AgeUnits Days Months Years

Sex* Sex Male Female Unknown Other

Occupation* (i)

Occupation location PlaceOfWork1Type Place of Work School Pre-school

Name

Address Number Street Suburb
 PlaceOfWork1A Town/City Post Code GeoCode

Alternative location PlaceOfWork2Type Place of Work School Pre-school

Name

Address Number Street Suburb
 PlaceOfWork2 Town/City Post Code GeoCode

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

NZ European Maori **EthMaori** Samoan Cook Island Maori **EthCookIslandMaori**
 EthNZEuropean EthSamoan

Niuean **EthNiuean** Chinese Indian **EthIndian** Tongan **EthTongan**
 EthChinese

Other (such as Dutch, Japanese, Tokelauan) **EthOther** *(specify)

Pertussis		EpiSurv No. <input type="text"/>	
Basis of Diagnosis			
CLINICAL CRITERIA			
Fits clinical description*		FitClinDes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Clinical Features			
Cough (any duration)*	CoughAny	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, cough for more than 2 weeks	Cough	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Paroxysmal cough*	Paroxysm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Inspiratory whoop*	CoughWhoop	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Cough ending in vomiting, cyanosis or apnoea*	CoughVomit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
LABORATORY CRITERIA OtherTest <input type="text"/>			
Isolation of <i>Bordetella pertussis</i> (culture)*	Isolation	<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)*	NAAT	<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*	IgGgt100	<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*	Antibody	<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*		ContCase	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
CLASSIFICATION* Status <input type="radio"/> Under investigation <input type="radio"/> Suspect <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case i			
Clinical Course and Outcome			
Date of onset*	OnsetDt <input type="text"/>	<input type="checkbox"/> Approximate OnsetDtApprox	<input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised*	Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Date hospitalised*	HospDt <input type="text"/>	<input type="checkbox"/> Unknown HospDtUnknown	
Hospital*	HospName <input type="text"/>		
Died*	Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Date died*	DiedDt <input type="text"/>	<input type="checkbox"/> Unknown DiedDtUnknown	
Was this disease the primary cause of death?*		DiedPrimary	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* DiedOther <input type="text"/>			
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)?*			
Outbrk <input type="checkbox"/> Yes		If yes, specify Outbreak No.* OutbrkNo <input type="text"/>	
Risk Factors			
Attendance at school, pre-school or childcare~ AttendSch		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Other risk factors for disease~ RiskOthSpecify <input type="text"/>			

Protective Factors

At any time prior to onset, had the case been immunised with pertussis-containing vaccine?* Yes No Unknown
Immunised

If yes, specify vaccine details*

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

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

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

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

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

If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* Yes No Unknown
MotherVacc
 If yes, date vaccine was given DtMotherVacc

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 Yes No Not Applicable Unknown
Excluded

CONTACT MANAGEMENT

Contacts under 7 years of age who are not fully immunised, encouraged to be immunised Yes No Not Applicable Unknown
ImmuContacts
 Were there any household contacts less than 1 year old? Yes No Unknown
ContactLT1
 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*