

# CASE REPORT FORM

Pertussis

Pertussis	EpiSurv No. <input style="width: 80%;" type="text"/>
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<b>Reporting Authority</b>	
Name of Public Health Officer responsible for case <b>OfficerName</b> <input style="width: 80%;" type="text"/>	
<b>Notifier Identification</b> <span style="float: right;">(i)</span>	
<b>Reporting source*</b> <b>ReportSrc</b> <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 <b>ReportName</b> <input style="width: 150px;" type="text"/> <b>Organisation</b> <b>ReportOrganisation</b> <input style="width: 150px;" type="text"/>	
<b>Date reported*</b> <b>ReportDate</b> <input style="width: 150px;" type="text"/> <b>Contact phone</b> <b>ReportPhone</b> <input style="width: 150px;" type="text"/>	
<b>Usual GP</b> <b>UsualGP</b> <input style="width: 150px;" type="text"/> <b>Practice</b> <b>GPPpracticeName</b> <input style="width: 150px;" type="text"/> <b>GP phone</b> <b>GPPhone</b> <input style="width: 150px;" type="text"/>	
<b>GP/Practice address</b> Number <input style="width: 50px;" type="text"/> Street <input style="width: 150px;" type="text"/> Suburb <input style="width: 100px;" type="text"/> <b>GPAddress</b> Town/City <input style="width: 200px;" type="text"/> Post Code <input style="width: 80px;" type="text"/> <input type="checkbox"/> <b>GeoCode</b> <input style="width: 50px;" type="text"/>	
<b>Case Identification</b> <span style="float: right;">(i)</span>	
<b>Name of case*</b> Surname <b>Surname</b> <input style="width: 150px;" type="text"/> Given Name(s) <b>GivenName</b> <input style="width: 150px;" type="text"/>	
<b>NHI number*</b> <b>NHINumber</b> <input style="width: 100px;" type="text"/> <b>Email</b> <b>Email</b> <input style="width: 150px;" type="text"/>	
<b>Current address*</b> Number <input style="width: 50px;" type="text"/> Street <input style="width: 150px;" type="text"/> Suburb <input style="width: 100px;" type="text"/> <b>CaseAddress</b> Town/City <input style="width: 200px;" type="text"/> Post Code <input style="width: 80px;" type="text"/> <input type="checkbox"/> <b>GeoCode</b> <input style="width: 50px;" type="text"/>	
<b>Phone (home)</b> <b>PhoneHome</b> <input style="width: 80px;" type="text"/> <b>Phone (work)</b> <b>PhoneWork</b> <input style="width: 80px;" type="text"/> <b>Phone (other)</b> <b>PhoneOther</b> <input style="width: 80px;" type="text"/>	
<b>Case Demography</b>	
<b>Location</b> <b>TA* TA</b> <input style="width: 150px;" type="text"/> <b>DHB* DHB</b> <input style="width: 150px;" type="text"/>	
<b>Date of birth*</b> <b>DateOfBirth</b> <input style="width: 100px;" type="text"/> <b>OR</b> <b>Age</b> <b>Age</b> <input style="width: 50px;" type="text"/> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>	
<b>Sex*</b> <b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
<b>Occupation*</b> <b>Occupation</b> <input style="width: 150px;" type="text"/>	
<b>Occupation location</b> <b>PlaceOfWork1Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> <b>PlaceOfWork1</b> <input style="width: 150px;" type="text"/>	
<b>Address</b> Number <input style="width: 50px;" type="text"/> Street <input style="width: 150px;" type="text"/> Suburb <input style="width: 100px;" type="text"/> <b>PlaceOfWork1Address</b> Town/City <input style="width: 200px;" type="text"/> Post Code <input style="width: 80px;" type="text"/> <input type="checkbox"/> <b>GeoCode</b> <input style="width: 50px;" type="text"/>	
<b>Alternative location</b> <b>PlaceOfWork2Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> <input style="width: 150px;" type="text"/>	
<b>Address</b> Number <input style="width: 50px;" type="text"/> Street <input style="width: 150px;" type="text"/> Suburb <input style="width: 100px;" type="text"/> <b>PlaceOfWork2Address</b> Town/City <input style="width: 200px;" type="text"/> Post Code <input style="width: 80px;" type="text"/> <input type="checkbox"/> <b>GeoCode</b> <input style="width: 50px;" type="text"/>	
<b>Ethnic group case belongs to*</b> (tick all that apply) <span style="float: right;">(i)</span>	
<input type="checkbox"/> NZ European <b>EthNZEuroean</b> <input type="checkbox"/> Maori <b>EthMaori</b> <input type="checkbox"/> Samoan <b>EthSamoan</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>	
<input type="checkbox"/> Niuean <b>EthNiuean</b> <input type="checkbox"/> Chinese <b>EthChinese</b> <input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b>	
<input type="checkbox"/> Other (such as Dutch, Japanese) <b>EthOther</b> *(specify) <b>EthSpecify1</b> <input style="width: 100px;" type="text"/> <b>EthSpecify2</b> <input style="width: 100px;" type="text"/>	

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

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<b>Protective Factors</b>			
At any time prior to onset, had the case been immunised with pertussis containing vaccine?* <b>Immunised</b>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify vaccine details*			
First administered dose:* <b>FirstDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Unknown	
Date given* <b>DtFirstDose</b>	<input type="checkbox"/> Or age when first dose was given <b>AgeFirstDose</b>	<input type="checkbox"/> <b>YMWFirstDose</b>	<input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information* <b>SceFirstDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented	
Second administered dose:* <b>SecndDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown	
Date given* <b>DtSecndDose</b>	<input type="checkbox"/> Or age when second dose was given <b>AgeSecndDose</b>	<input type="checkbox"/> <b>YMWSecndDose</b>	<input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information* <b>SceSecndDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented	
Third administered dose:* <b>ThirdDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown	
Date given* <b>DtThirdDose</b>	<input type="checkbox"/> Or age when third dose was given <b>AgeThirdDose</b>	<input type="checkbox"/> <b>YMWThirdDose</b>	<input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information* <b>SceThirdDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented	
Fourth administered dose:* <b>FourthDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown	
Date given* <b>DtFourthDose</b>	<input type="checkbox"/> Or age when fourth dose was given <b>AgeFourthDose</b>	<input type="checkbox"/> <b>YMWFourthDose</b>	<input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information* <b>SceFourthDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented	
Fifth administered dose:* <b>FifthDose</b>	<input type="radio"/> DTPH/DTP/DTaP	<input type="radio"/> Not Given <input type="radio"/> Unknown	
Date given* <b>DtFifthDose</b>	<input type="checkbox"/> Or age when fifth dose was given <b>AgeFifthDose</b>	<input type="checkbox"/> <b>YMWFifthDose</b>	<input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Source of information* <b>SceFifthDose</b>	<input type="radio"/> Patient/caregiver recall	<input type="radio"/> Documented	
If the case is aged <5 months, was the mother given a pertussis vaccine during pregnancy?* <b>MotherVacc</b>		<input type="radio"/> <input type="radio"/> <input type="radio"/>	
If yes, date vaccine was given <b>DtMotherVacc</b>		<input type="text"/>	
<b>Management</b>			
<b>CASE MANAGEMENT</b>			
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 <b>Excluded</b>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown	
<b>CONTACT MANAGEMENT</b>			
Contacts under 7 years of age who are not fully immunised, encouraged to be immunised <b>ImmuContacts</b>		<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? <b>ContactLT1</b>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, how many household contacts <b>NoHouse</b>		<input type="text"/>	
If yes, how many have had pertussis already (current or recent) <b>NoHadPertus</b>		<input type="text"/>	
If yes, how many were offered erythromycin <b>NoOfferEryth</b>		<input type="text"/>	
<b>Comments*</b>			
<b>Comments</b>			
<input type="text"/>			