

CASE REPORT FORM

Pertussis

EpiSurv No.

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification ?

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 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
 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* OR Age Days Months Years

Sex* Male Female Unknown Other

Occupation* ?

Occupation location Place of Work School Pre-school

Name

Address Number Street Suburb
 Town/City Post Code GeoCode

Alternative location Place of Work School Pre-school

Name

Address Number Street Suburb
 Town/City Post Code GeoCode

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

NZ European Maori Samoan Cook Island Maori
 Niuean Chinese Indian Tongan
 Other (such as Dutch, Japanese, Tokelauan) *(specify)

Basis of Diagnosis**CLINICAL CRITERIA** ?Fits clinical description* Yes No Unknown**Clinical Features**Cough (any duration)* Yes No Unknown

If yes, cough for more than 2 weeks

 Yes No UnknownParoxysmal cough* Yes No UnknownInspiratory whoop* Yes No UnknownCough ending in vomiting, cyanosis or apnoea* Yes No Unknown**LABORATORY CRITERIA** ?Isolation of *Bordetella pertussis* (culture)* Yes No Not Done Awaiting Results UnknownDetection of *B. pertussis* nucleic acid (e.g. NAAT/PCR)* Yes No Not Done Awaiting Results Unknown*B. pertussis* toxin IgG test of >100 IU/ml* Yes No Not Done Awaiting Results UnknownSignificant increase in antibody levels between paired sera* Yes No Not Done Awaiting Results Unknown**EPIDEMIOLOGICAL CRITERIA**Contact with a confirmed case of pertussis* Yes No Unknown**CLASSIFICATION*** Under investigation Suspect Probable Confirmed Not a case ?**Clinical Course and Outcome**Date of onset* Approximate UnknownHospitalised* Yes No UnknownDate hospitalised* UnknownHospital* Died* Yes No UnknownDate died* UnknownWas this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death*

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)?*

 Yes

If yes, specify Outbreak No.*


Risk FactorsAttendance at school, pre-school or childcare~ Yes No Unknown


Other risk factors for disease~


Protective Factors


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


If yes, specify vaccine details*

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

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

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

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

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

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

If yes, date vaccine was given 

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

CONTACT MANAGEMENT

Contacts under 7 years of age who are not fully immunised, encouraged to be immunised Yes No Not Applicable Unknown

Were there any household contacts less than 1 year old? Yes No 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*