

CASE REPORT FORM

Pertussis

	EpiSurv No. <input style="width: 80%;" type="text"/>
--	--

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* 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**
 Days Months Years

Sex*
 Male Female Indeterminate Unknown

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 Unknown

Paroxysmal cough*

 Yes No Unknown

Inspiratory whoop*

 Yes No Unknown

Cough 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 Unknown

Significant 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*

dd/mm/yyyy

 Approximate Unknown

Hospitalised*

 Yes No Unknown

Date hospitalised*

dd/mm/yyyy

 Unknown

Hospital*

Died*

 Yes No Unknown

Date died*

dd/mm/yyyy

 Unknown

Was 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 Factors

Attendance 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 months, was the mother 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*