

Pertussis Initial Assessment Form for the Local Investigator

(Please refer to the Disease Investigation Guideline for additional guidance.)

SYMPTOMS(S)	No	Yes	Onset Date	Duration (days)	Still Coughing (yes / no)	Duration (days)
Cough						
Paroxysm						
Whoop						
Post-tussive Vomiting						
Apnea						
TREATMENT INFO			Type	Date Started	Date Ended	# Days Prescribed
1 st Antibiotic used						
2 nd Antibiotic used						
LABORATORY TESTING			Collection Date	Results		
Culture				Positive / Negative		
PCR				Positive / Negative		
Serology IgM				Positive / Negative		
Serology IgA						
Serology IgG -Acute						
Serology IgG - Convalescent						
COMPLICATIONS			Date(s)	Location(s)		
Hospitalized						
Pneumonia						
X-Ray done						
Seizures						
Encephalopathy						
Died						
Pregnancy (female patients)						
DTaP/ Tdap History			Dates	Type	Manufacturer	Lot
Dose 1						
Dose 2						
Dose 3						
Dose 4						
Dose 5						
Dose 6						

Contact the medical provider and:

1. Verify that the patient is aware of the diagnosis.
2. Request pertussis immunization history or information why the case is not immunized or fully immunized.
3. Request pertinent clinical information, including onset date of cough, symptoms, complications, hospitalizations, any additional laboratory testing not reported, and patient outcome.
4. Verify appropriate treatment and testing has occurred.
5. Determine what exclusion recommendations were made.
6. Ask about high-risk contacts/settings.
7. Determine whether household/high risk contacts received chemoprophylaxis.
8. Finally, verify the patient demographic and contact information.

Paroxysm: Sudden uncontrollable “fits” or spells of coughing where one cough follows the next without a break for breath.

Post-tussive emesis: Vomiting following paroxysms of cough.

Whoop: High-pitched noise heard when breathing in after a coughing fit.

Apnea: Transient cessation of respiration occurring spontaneously or after a coughing spasm

For a case <12 months –Age of Mother at birth:

Weight of baby at birth:

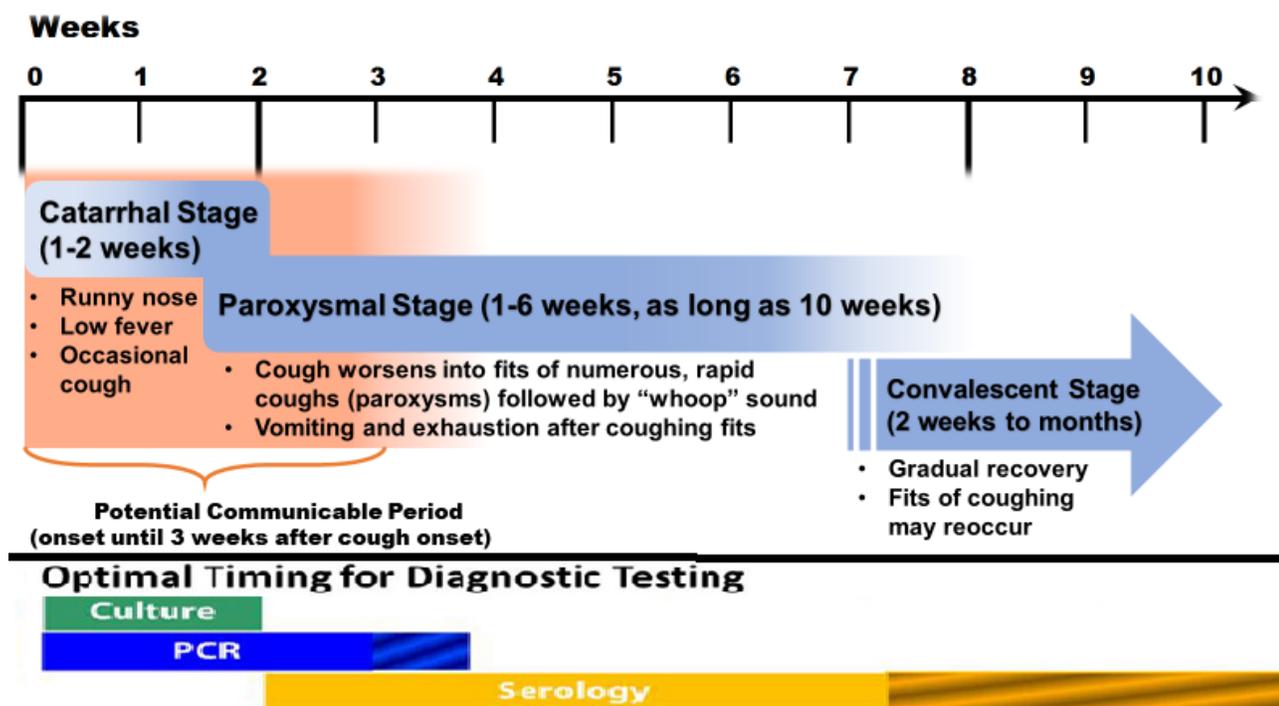
Occupation of patient:

High risk settings or contacts?

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Typical pertussis disease progression:



Case Definition for public health surveillance:

Confirmed: Acute cough illness of any duration, with isolation of *B. pertussis* from a clinical specimen OR PCR positive for *B. pertussis*

Probable: 1) In the absence of a more likely diagnosis, illness meeting the clinical criteria,

OR

2) Illness with cough of any duration, with At least one of the following signs or symptoms:

- Paroxysms of coughing; or
- Inspiratory whoop; or
- Post-tussive vomiting; or
- Apnea (with or without cyanosis)

AND

- Contact with a laboratory confirmed case (epidemiologic linkage)

Suspect: A case, not meeting the confirmed or probable case classifications, with a clinical syndrome that has no other apparent cause and is compatible with a potential pertussis infection based on symptoms and risk.

Clinical Criteria: In the absence of a more likely diagnosis, a cough illness lasting ≥ 2 weeks, with at least one of the following signs or symptoms:

- Paroxysms of coughing; OR
- Inspiratory whoop; OR
- Post-tussive vomiting; OR
- Apnea (with or without cyanosis)

Confirmatory Laboratory Criteria for Surveillance purposes:

- Isolation of *Bordetella pertussis* from clinical specimen or
- Positive polymerase chain reaction (PCR) for *B. pertussis*

NOTE: A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.