Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Pertussis Supplemental Reporting Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Follow-up Status: ☐ Interviewed ☐ Refused Interview ☐ Lost to Follow-Up*

Date of Interview (must enter MM/DD/YYYY): _____

Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before considered lost to follow-up.

DEMOGRAPHICS

County: _____ Birth Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____

Hispanic/Latino Origin: ☐Yes ☐No ☐Unknown

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other_____ ☐ Unknown

CLINICAL

What date did you start to have symptoms of illness? Onset Date:_____ Onset Time:_____

Did you recover? ☐ Yes ☐ No ☐ Unknown If Yes, Recovery Date: _____ Time Recovered:_____AM/PM

Were you hospitalized? ☐ Yes ☐ No ☐ Unknown If Yes, Hospital Name:_____

Days Hospitalized _____ Admit Date: _____ Discharge Date: _____

Died? ☐Yes ☐No ☐Unknown If Yes, Date of Death:_____

Are you pregnant? ☐Yes ☐No ☐Unknown If Yes, Expected Delivery Date: _____

Did you receive antibiotics for this illness? ☐Yes ☐ No ☐ Unknown

1st Medication Name	Date started first antibiotic:	Number of days first antibiotic actually taken:
☐ Erythromycin (incl. Pediazole) ☐ Cotrimoxazole (bactrim/septra) ☐ Clarithromycin/Azithromycin ☐ Tetracycline/Doxycycline ☐Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor ☐ Other/specify_____ ☐ Unknown		
2nd Medication Name	Date started second antibiotic:	Number of days second antibiotic actually taken:
☐ Erythromycin (incl. Pediazole) ☐ Cotrimoxazole (bactrim/septra) ☐ Clarithromycin/Azithromycin ☐ Tetracycline/Doxycycline ☐Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor ☐ Other/specify_____ ☐ Unknown		

LABORATORY

Was laboratory testing done for pertussis? ☐Yes ☐No ☐Unknown

- Culture result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Parapertussis ☐Unknown

  Date of culture: _____

- DFA result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Parapertussis ☐Unknown

  Date DFA specimen collected: _____

- Serology results: ☐ ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Parapertussis ☐Unknown

  Date first specimen collected: _____ Date second specimen collected: _____

- PCR results: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Parapertussis ☐Unknown

  Date PCR specimen collected: _____

EPIDEMIOLOGICAL

Occupation:_____

Health care worker?	☐ Yes ☐ No ☐ Unknown
Group living?	☐ Yes ☐ No ☐ Unknown
Day care attendee?	☐ Yes ☐ No ☐ Unknown
Day care worker?	☐ Yes ☐ No ☐ Unknown
School attendee?	☐ Yes ☐ No ☐ Unknown
School employee?	☐ Yes ☐ No ☐ Unknown
If associated to a school, record details on teacher and/or grade:	

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:

_____

_____

INVESTIGATION

A. Symptoms & Signs

Did you have any symptoms?	☐Yes ☐ No ☐ Unknown
Cough?	☐ Yes ☐ No ☐ Unknown If yes, Cough onset date:_____
Paroxysmal cough?	☐ Yes ☐ No ☐ Unknown
Whoop?	☐ Yes ☐ No ☐ Unknown
Post-tussive vomiting?	☐ Yes ☐ No ☐ Unknown
Apnea?	☐ Yes ☐ No ☐ Unknown
Cyanosis?	☐ Yes ☐ No ☐ Unknown
Date of Final Interview: • Cough at final interview? • Duration of cough (days) at final interview	_____ ☐Yes ☐ No ☐ Unknown _____days
Was the CDC clinical case definition met?	☐ CDC clinical (sporadic or outbreak) case definition met. ☐ Neither CDC clinical sporadic nor outbreak case definition met.

B. Complications

Chest x-ray for pneumonia? ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
Seizures due to pertussis? ☐ Yes ☐ No ☐ Unknown

Acute encephalopathy due to pertussis? ☐ Yes ☐ No ☐ Unknown

C. Vaccination History

Vaccinated? ☐Yes ☐ No ☐ Unknown

Date of last pertussis-containing vaccine prior to illness onset: _____

Number of doses of pertussis-containing vaccine prior to illness onset:

☐No doses ☐ 1 dose ☐ 2 doses ☐ 3 doses ☐ 4 doses ☐ 5 doses ☐ 6 doses ☐ Unknown

D. Vaccination Record

Vaccination Date	Vaccine Type
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:
	☐ DTP Whole cell ☐ DTaP ☐ Unknown ☐ DT ☐ DTP-Hib Tetramune ☐ P only ☐ Other, specify:

D. Exposure—Transmission

Prior to onset of cough, was this case epi-linked to another confirmed or probable case?	☐ Yes ☐ No ☐ Unknown
Where did this case acquire pertussis?	☐ Day care ☐ School ☐ Doctor's Office ☐ Hospital Ward ☐ Hospital ER ☐ Hospital Outpatient Clinic ☐ Home ☐ Work ☐ College ☐ Military ☐ Correctional facility ☐ Church ☐ International Travel ☐ Unknown ☐ Other, specify:
Were patient age and setting verified?	☐ Yes ☐ No ☐ Unknown
Setting for further spread from this case	☐ Day care ☐ School ☐ Doctor's Office ☐ Hospital Ward ☐ Hospital ER ☐ Hospital Outpatient Clinic ☐ > 1 Setting Outside Household ☐ Work ☐ College ☐ Military ☐ Correctional facility ☐ Church ☐ International Travel ☐ Unknown ☐ Other, specify: