

NAME (Last, First)		Hospital Record No.			
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab/Phone		Address		Phone	

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id		County		State		Zip	
Birth Date Month Day Year		Age Unk= 999		Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age Unknown		Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American W = White O = Other U = Unknown	
Event Date Month Day Year		Event Type 1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done 4 = Reported to County 5 = Reported to State or MMWR Report Date 9 = Unknown		Outbreak Associated 999 = Unknown		Reported Month Day Year	
Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown		Sex M = Male F = Female U = Unknown			

CLINICAL DATA	Any Cough? Cough Onset Y = Yes N = No U = Unknown Month Day Year		Paroxysmal Cough? Y = Yes N = No U = Unknown		Whoop? Y = Yes N = No U = Unknown	
	Posttussive Vomiting? Y = Yes N = No U = Unknown		Apnea? Y = Yes N = No U = Unknown		Final Interview Date Month Day Year	
	Cough at Final Interview? Y = Yes N = No U = Unknown		Duration of Cough at Final Interview 0-150 999 = Unknown Days			

COMPLICATIONS	Chest X-ray for Pneumonia P = Positive N = Negative U = Unknown		Seizures Due to Pertussis Y = Yes N = No U = Unknown	
	Acute Encephalopathy Due to Pertussis Y = Yes N = No U = Unknown			
	Hospitalized? Y = Yes N = No U = Unknown		Days Hospitalized? 0-998 999 = Unknown	
	Died? Y = Yes N = No U = Unknown			

TREATMENT	Were Antibiotics Given? Y = Yes N = No U = Unknown		1 = Erythromycin (incl. pediazole, ilosone) 2 = Cotrimoxazole (bactrim/sepra) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cector/Cefixime 6 = Other 9 = Unknown			
	Date Started First Antibiotic Month Day Year		Days First Antibiotic Actually Taken 0-998 999 = Unknown			
	Second Antibiotic Received See Choices for First Antibiotic Given					
	Date Started Second Antibiotic Month Day Year		Days Second Antibiotic Actually Taken 0-998 999 = Unknown			

LABORATORY	Was Laboratory Testing for Pertussis Done? Y = Yes N = No U = Unknown																
	Culture		Result		Date Specimen Taken Month Day Year												
	DFA																
	Serology 1																
	Serology 2																
	PCR																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">RESULT CODES</th> </tr> <tr> <td>P = Positive</td> <td>E = Pending</td> <td>X = Not Done</td> <td>U = Unknown</td> </tr> <tr> <td>N = Negative</td> <td>I = Indeterminate</td> <td>S = Parapertussis</td> <td></td> </tr> </table>						RESULT CODES				P = Positive	E = Pending	X = Not Done	U = Unknown	N = Negative	I = Indeterminate	S = Parapertussis	
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VACCINE HISTORY	Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) Y = Yes N = No U = Unknown			
	Vaccination Date Month Day Year		Vaccine Type*	
	Vaccine Manuf*		Lot Number	
	Vaccine Codes W = DTP Whole Cell A = DTaP H = DTaP-Hib D = DT or Td T = DTP-Hib P = Pertussis Only X = Tdap		Vaccine Manufacturer Codes C = Sanofi Pasteur L = Wyeth S = GlaxoSmithKline M = Massachusetts Health Department I = Michigan Health Department N = North American Vaccine O = Other U = Unknown	
	Date of Last Pertussis-Containing Vaccine Prior to Illness Onset Month Day Year		Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset 0-6 9 = Unknown	
	Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine 1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Exemption 4 = Previous Pertussis Confirmed by Culture or MD 5 = Parental Refusal 6 = Age Less Than 7 Months 7 = Other 9 = Unknown			

EPIDEMIOLOGIC INFORMATION	Date First Reported to a Health Department Month Day Year		Date Case Investigation Started Month Day Year	
	Outbreak Related? Y = Yes N = No U = Unknown		Epi-Linked? Y = Yes N = No U = Unknown	
	Outbreak Name (Name of outbreak this case is associated with)			
	If patient <12 months old: What was the mother's age at infant's birth: _____ What was the weight of the infant at birth: _____ lb _____ oz OR _____ kg _____ g			
	Transmission Setting (Where did this patient acquire pertussis?) 1 = Day Care 2 = School 3 = Doctor's Office 4 = Hospital Ward 5 = Hospital ER 6 = Hosp. Outpatient Clinic 7 = Home 8 = Work 9 = Unknown 10 = College 11 = Military 12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other			
	Setting (Outside Household) of Further Documented spread From This Case Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household 16 = No Documented Spread Outside Household			
	Number of Contacts in Any Setting Recommended Antibiotics			0-998 999 = Unknown

