## Pertussis Surveillance Worksheet

### Reporting Source Type
- [ ] physician
- [ ] PH clinic
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other clinic
- [ ] other source type

### Case Information
- **Region:**
  - [ ] Routine physical
  - [ ] Self-referral
  - [ ] Other
  - [ ] Unknown

### Clinical Information
- **Cough Onset Date:** 85932-2
- **Age at Cough Onset:** 85934-8

### Complications
- **Neurologic Complication:**
  - [ ] Seizures
  - [ ] Other
- **Antibiotics:**
  - [ ] Yes
  - [ ] No
  - [ ] Unknown

### Other Information
- **Subject ID:**
  - [ ] 85923
  - [ ] 85920

### Appendices
- [ ] Appendix 11-5

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**Generic MMG**

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**Pertussis V1.0 MMG_R1_20180504**

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**Appendix 11-5**
### LABORATORY INFORMATION

**VPD Lab Message Reference Laboratory**
LAB115

**VPD Lab Message Patient Identifier**
LAB598

**VPD Lab Message Specimen Identifier**
LAB125

**Was Laboratory Testing Done to Confirm Diagnosis?**
Y=Yes    N=No    U=Unknown

**Was Case Lab **Confirmed?**
Y=yes    N=no    U=unknown

**Was a Specimen Sent to CDC for Testing?**
Y=yes    N=no    U=unknown

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Date Specimen Collected</th>
<th>Test Result Quantitative</th>
<th>Result</th>
<th>Specimen Source</th>
<th>Date Specimen Sent to CDC</th>
<th>Specimen Analyzed Date</th>
<th>Performing Laboratory Type</th>
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<tbody>
<tr>
<td>INV291</td>
<td>INV292</td>
<td>68963-8</td>
<td>LAB628</td>
<td>LAB115</td>
<td>31208-2</td>
<td>85930-6</td>
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<table>
<thead>
<tr>
<th>Performing Laboratory Type</th>
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</table>

**Lab Test Interpretation Codes**

1=bacterial isolate 8=other (specify) 9=unknown 15=macular scraping 22=oral swab 29=serum 36=subw vesicular 37=subw internal nose 38=throat swab 39=tissue 40=urine

2=blood 9=unknown 10=catact 16=microbial isolate 23=plasma 30=specimen 31=lavage 32=saliva 33=swab 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

3=body fluid 11=CSF 17=NP aspirate 18=NP swab 24=RNA 31=lavage 32=saliva 33=swab 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

4=bronchoalveolar lavage 12=crust 19=NP washing 20=nuelic acid 27=serum 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

5=bucaal smear 13=DNA 20=nuelic acid 21=oral fluid 27=serum 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

6=bucaal swab 14=lesion 21=oral fluid 27=serum 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

7=capillary blood 14=lesion 21=oral fluid 27=serum 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

**Specimen Source Codes**

1=bacterial isolate 8=other (specify) 9=unknown 15=macular scraping 22=oral swab 29=serum 36=subw vesicular 37=subw internal nose 38=throat swab 39=tissue 40=urine

2=blood 9=unknown 10=catact 16=microbial isolate 23=plasma 30=specimen 31=lavage 32=saliva 33=swab 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

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7=capillary blood 14=lesion 21=oral fluid 27=serum 34=swab skin lesion 35=swab nasal sinus 41=vesicle fluid 42=oral swab

**Performing Laboratory Type**
1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other 9=unknown
### VACCINATION HISTORY INFORMATION

**VACCINATED** (has the case-patient ever received a vaccine against this disease)?

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

Was the subject vaccinated per ACIP recommendations?

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

**Number of doses vaccinated prior to illness onset:**

- [ ] 0 - 6
- [ ] 7 - 9
- [ ] 10 or more
- [ ] Unknown

**Date of last dose against this disease prior to illness onset:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
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</table>

**Reason Not Vaccinated Per ACIP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Medical contraindication</td>
</tr>
<tr>
<td>02</td>
<td>Medical contraindication</td>
</tr>
<tr>
<td>03</td>
<td>Philosophical objection</td>
</tr>
<tr>
<td>04</td>
<td>Evidence of previous disease</td>
</tr>
</tbody>
</table>

**VACCINE EVENT INFORMATION SOURCE CODES**

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

**VACCINE TYPE CODES**

- [ ] DTP whole cell
- [ ] DTP-Pertussis
- [ ] Tdap
- [ ] IPV
- [ ] Hib
- [ ] HepB

**VACCINE MANUFACTURER CODES**

- [ ] Sanofi Pasteur
- [ ] Wyeth
- [ ] GlaxoSmithKline
- [ ] Massachusetts Health Department
- [ ] Michigan Health Department
- [ ] North American Vaccine
- [ ] Other (specify)
- [ ] Unknown

**Vaccine Date**

- [ ] Month
- [ ] Day
- [ ] Year

**Vaccine Expiry Date**

- [ ] Month
- [ ] Day
- [ ] Year

**Vaccine Expiry Date**

- [ ] Month
- [ ] Day
- [ ] Year

**National Drug Code**

- [ ] VAC153

**Vaccination Record Identifier**

- [ ] VAC102

**Vaccine Event Information Source**

- [ ] VAC147

**Vaccine Dose Number**

- [ ] VAC109

### EXPOSURE

**Epi-linked to confirmed Case?**

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

**Outbreak related?**

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

**Outbreak Name**

- [ ] 77981-9

**Country of Exposure**

- [ ] 77984-3

**State/Province of Exposure**

- [ ] 77985-0

**County of Exposure**

- [ ] 77987-6

**City of Exposure**

- [ ] 77986-8

### IMPORTATION

**Imported Code**

- [ ] 77982-7

**Imported Country**

- [ ] INV153

**Imported State**

- [ ] INV154

**Imported County**

- [ ] INV156

**Imported City**

- [ ] INV155

**Transmission Setting**

- [ ] 81267-7

**Transmission Mode**

- [ ] 77989-2
**CASE NOTIFICATION**

- **Condition Code**: OBR-31 **10190**
- **Immediate National Notifiable Condition**: 77965-2
- **Legacy Case ID**: 77997-5

- **State Case ID**: 77993-4
- **Local Record ID**: OBR-3 **77969-4**
- **Jurisdiction Code**: 77988-4
- **Binational Reporting Criteria**: 

<table>
<thead>
<tr>
<th>Date First Verbal Notification to CDC</th>
<th>Date First Electronically Submitted</th>
<th>MMWR Week</th>
<th>MMWR Year</th>
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<tbody>
<tr>
<td>77994-2</td>
<td>OBR-7</td>
<td>77991-8</td>
<td>77992-6</td>
</tr>
</tbody>
</table>

- **Notification Result Status**: OBR-25 **F = Final**

  - **C = Record is a correction**
  - **X = Results cannot be obtained**

- **Current Occupation (type of work case-patient does)**: 85658-3
- **Current Occupation Standardized (NIOCCS code)**: 85659-1

- **Current Industry (type of business or industry in which case-patient works)**: 85078-4
- **Current Industry Standardized (NIOCCS code)**: 85657-5

- **Person Reporting to CDC Name (first)**: 74549.7
  - **Person Reporting to CDC Email**: 74547-1 @ ___________
  - **Person Reporting to CDC Phone Number**: 74548-9

**COMMENTS** 77999-1

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**EPIDEMIOLOGIC INFORMATION**

- **Mother's age at infant's birth (if case <1 yr old)**: 

  - MTH172

- **Did mother receive Tdap (if case <1 yr old)**: 

  - MTH172

- **When was Tdap administered?**: MTH173

  - Prior to pregnancy  
  - During pregnancy  
  - Postpartum  
  - Other: ______________________  
  - Unknown: ____________

- **Infant Birth Weight**: 56056-5

  - g=gram  
  - Ib=pound  
  - Kg=kilogram  
  - Oz=ounce

- **Number of Suspected Sources**: PRT071

<table>
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<tr>
<th>Source</th>
<th>Age</th>
<th>Age Unit</th>
<th>Sex Code</th>
<th>Relationship Code</th>
<th>Number of Contacts Recommended Prophylaxis</th>
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<tbody>
<tr>
<td>Source 1</td>
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<tr>
<td>Source 2</td>
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<tr>
<td>Source 3</td>
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</tbody>
</table>

  - **Sex Code**: F=female  
  - M=male  
  - U=unknown

- **Transmission Setting of Further Spread**: INV561

<table>
<thead>
<tr>
<th>Setting</th>
<th>Code</th>
</tr>
</thead>
</table>
  | 1 = day care | 1 = day care  
  | 2 = school | 2 = school  
  | 3 = doctor's office | 3 = doctor's office  
  | 4 = hospital ward | 4 = hospital ward  
  | 5 = hospital ER | 5 = hospital ER  
  | 6 = hospital outpatient clinic | 6 = hospital outpatient clinic  
  | 7 = home | 7 = home  
  | 8 = other: __________________________ | 8 = other: __________________________
  | 9 = unknown | 9 = unknown  
  | 10 = college | 10 = college  
  | 11 = military | 11 = military  
  | 12 = correctional facility | 12 = correctional facility  
  | 13 = church | 13 = church  
  | 14 = international travel | 14 = international travel  
  | 15 = work | 15 = work  
  | 16 = athletics | 16 = athletics  
  | 17 = community | 17 = community  
  | 18 = no documented spread outside | 18 = no documented spread outside  
  | 19 = setting outside household | 19 = setting outside household

- **Number of Contacts Recommended Prophylaxis**: INV562

- **Gestational Age (if case <1 yr old)**: 8185-9

- **Infant Birth Weight (if case <1 yr old)**: 

  - MTH174

  - D = day  
  - Mo = month  
  - Wk = week  
  - Unk = unknown

- **Date of Electronic Case Notification**: OBR-7

<table>
<thead>
<tr>
<th>Date</th>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBR-22</td>
<td>77994-2</td>
<td>77991-8</td>
<td></td>
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</table>

- **MMWR Week**: 77991-8

- **MMWR Year**: 77992-6

- **Notification Result Status**: OBR-25

  - F = Final
  - C = Record is a correction
  - X = Results cannot be obtained

- **Date of Electronic Case Notification to CDC**: OBR-7

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>OBR-22</td>
<td>77994-2</td>
<td>77991-8</td>
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</table>

- **MMWR Week**: 77991-8

- **MMWR Year**: 77992-6
CLINICAL CASE DEFINITION

PROBABLE

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) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Absence of laboratory confirmation;
And

- No epidemiologic linkage to a laboratory-confirmed case of pertussis

OR, FOR INFANTS AGED <1 YEAR ONLY:

Acute cough illness 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

- Polymerase chain reaction (PCR) positive for pertussis;

OR, FOR INFANTS AGED <1 YEAR ONLY:

Acute cough illness 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 of pertussis

CONFIRMED

Acute cough illness of any duration, with isolation of *B. pertussis* from a clinical specimen.

OR

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) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Polymerase chain reaction (PCR) positive for pertussis.

OR

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) (FOR INFANTS AGED <1 YEAR ONLY)

And

- Contact with a laboratory-confirmed case of pertussis.§

§Note: An illness meeting the clinical case definition should be classified as "probable" rather than "confirmed" if it occurs in a patient who has contact with an infant aged <1 year who is Polymerase Chain Reaction (PCR) positive for pertussis and has ≥1 sign or symptom and cough duration <14 days (classified as "probable" case).