**CASE REPORT FORM** 

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Рe	rtu	ISSI	S

Pertussis	EpiSurv No

Reporting Authority				
Name of Public Health Officer responsib	ole for case			
Notifier Identification				
Reporting source*	ioner	O Hospital-based	l Practitioner	Laboratory
○ Self-notification	ı	Outbreak Inve	stigation	Other
Name of reporting source		Organ	isation	
Date reported*			Contact phone	e
Usual GP	Practice		GF	P phone
GP/Practice address Number	Street		Suburb	
Town/City			Post Code	GeoCode
Case Identification				
Name of case* Surname		Given Nan	ne(s)	
NHI number* Email				
Current address* Number	Street		Suburb	
Town/City			Post Code	GeoCode
Phone (home)	Phone (work	)	Phone (oth	er)
Case Demography				
Location TA*		D	НВ*	
Date of birth*	OR	Age	O Days	Months O Years
Sex*	emale C	Indeterminate	Ounknown	
Occupation*				
Occupation location O Place of Work	O School	O Pre-school	I	
Name				
Address Number Street			Suburb	
Town/City			Post Code	GeoCode
Alternative location	O School	O Pre-school	I	
Name				
Address Number Street			Suburb	
Town/City			Post Code	GeoCode
Ethnic group case belongs to* (tick all th	at apply)			
☐ NZ European ☐ Maori	☐ Sar	moan	Cook Island Maori	
☐ Niuean ☐ Chinese	☐ Ind	lian	☐ Tongan	
Other (such as Dutch, Japanese, Tokelan	uan) *(specil	fy)		

ertussis EpiSurv No					
Basis of Diagnosis					
CLINICAL CRITERIA					
Fits clinical description*			○ Yes	○ No	O Unknown
Clinical Features					
Cough (any duration)*	○Yes	$\bigcircNo$	Ounknown		
If yes, cough for more than 2 weeks	○Yes	$\bigcircNo$	Ounknown		
Paroxysmal cough*	○Yes	$\bigcircNo$	Ounknown		
Inspiratory whoop*	○Yes	$\bigcirc$ No	Ounknown		
Cough ending in vomiting, cyanosis or apnoea*	○Yes	○No	OUnknown		
LABORATORY CRITERIA					
Isolation of <i>Bordetella pertussis</i> (culture)*	○Yes	$\bigcircNo$	$\bigcirc \operatorname{Not} \operatorname{Done}$	O Awaiting Re	esults O Unknown
Detection of <i>B. pertussis</i> nucleic acid (e.g. NAAT/PCR)*	○Yes	○No	O Not Done	O Awaiting Re	esults O Unknown
B. pertussis toxin IgG test of >100 IU/ml*	○Yes	○No	O Not Done	O Awaiting Re	esults O Unknown
Significant increase in antibody levels between paired sera*	○Yes	○No	O Not Done	O Awaiting Re	esults O Unknown
EPIDEMIOLOGICAL CRITERIA					
Contact with a laboratory confirmed case of pertu	ssis*	O Ye	es O No	O Unknown	
CLASSIFICATION* Ounder investigation	n O Suspe	at O	Probable C	Confirmed C	Not a case
Clinical Course and Outcome					
Date of onset*		Approxin	nate	Unknov	vn
Hospitalised*	0 1	No		O Unknov	vn
Date hospitalised*	!	Jnknown	1		
Hospital*					
Died* Yes	0 1	No		O Unknov	vn
Date died*	!	Jnknown	1		
Was this disease the primary cause of death?*	○ Yes	0	No	O Unknown	
If no, specify the primary cause of death $st$					
Outbreak Details					
Is this case part of an outbreak (i.e. known to be l	inked to one	or mo	re other case	s of the same (	disease)?*
☐ Yes <b>If</b>	yes, specify	Outbre	ak No.*		
Risk Factors					
Attendance at school, pre-school or childcare~	○ Y	es (	O No O	Unknown	
Other risk factors for disease~		-			

Pertussis					Epi	Surv No		
<b>Protective Factors</b>								
At any time prior to onset vaccine (DTP or DTPH or If yes, specify vaccine det	OTaP)*	nunised w	ith pertussi	s	○ Yes	○ No	O Unk	known
First administered dose:*	O DTPH/DTP/DTaP	O Unknow	vn					
Date given*		Or age whe given	n first dose v	vas	Owe	eeks OM	onths C	Years
Source of information*	O Patient/caregiver reca	II C	Documente	ed				
Second administered dose:*	O DTPH/DTP/DTaP	O Not G	iven		O Unknowr	1		
Date given*		Or age wh was given	nen second d	ose	O We	eeks OM	onths (	Years
Source of information*	O Patient/caregiver rec		Documente	ed				
Third administered dose:*	O DTPH/DTP/DTaP	O Not G	iven		OUnknown			
Date given*		Or age wh	en third dose	e was	Owe	eeks OM	onths (	Years
Source of information*	O Patient/caregiver reca	_	Documente	ed				
Fourth administered dose:*	O DTPH/DTP/DTaP	O Not 0	Given		O Unknowr	1		
Date given*		Or age wh was given	en fourth do	se	O We	eeks OM	onths (	Years
Source of information*	O Patient/caregiver reca	_	Documente	ed				
Fifth administered dose:*	O DTPH/DTP/DTaP	O Not 0	Given		O Unknowr	1		
Date given*		Or age wh	en fifth dose	was	O We	eeks OM	onths (	Years
Source of information*	O Patient/caregiver reca	_	Documente	ed				
Management								
CASE MANAGEMENT								
Case excluded from work for 3 weeks from onset of at least 5 days of appropri	illness or until case has	s received	O Yes	O No	O Not A	pplicable	O Unk	known
CONTACT MANAGEMENT								
Contacts under 7 years of encouraged to be immunic		mmunised	, O Yes	$\circ$ $\iota$	lo O Not	Applicable	O Unk	known
Were there any household	l contacts less than 1 ye	ear old?	○ Yes	$\bigcirc$ N	lo 🔾 Unk	nown		
If yes, how many household	contacts			_				
If yes, how many have had p	ertussis already (current o	r recent)		_				
If yes, how many were offere	ed erythromycin			_				
Comments*								

**Version 7 December 2017** 

\* core surveillance data, ~ optional data