

PERTUSSIS CASE REPORT

California Dept. of Public Health Immunization Branch 850 Marina Bay Parkway Building P, 2nd Floor, MS 7313 Richmond, CA 94804-6403 Fax: (510) 620-3949

To be used by Local Health Jurisdictions to report to CDPH Providers: please use CMR and submit to Local Health Jurisdiction

PATIENT DEMOGRAPHIC	CS									
Patient's name (last, first, mi	iddle initial)	DOB (month /d	DOB (month /day /year)			Age (enter age and check one)				
Address (number and street)	/ /	State			□Days □W Zip code	Veeks Months Years				
Address (number and street)	# City/town	State			Zip code	County				
Phone number		Country of birth	<u> </u>		Date of arrival to USA					
	Cell/Work()		☐USA ☐Other:			1 1				
Ethnicity (check one)										
Race (check all that apply) Black/African-American Asian (please specify) Pacific Islander (please specify)										
□ Stack/African-Afriencian □ Asian (please specify) □ Pacific Islander (please specify) □ Native American/Alaskan Native □ Asian Indian □ Hmong □ Thai □ Native Hawaiian										
□ White □ Cambodian □ Japanese □ Vietnamese □ Guamanian										
Unknown □ Chinese □ Korean □ Other Asian: □ Samoan □ Other: □ Dther Pacific Islander: □ Other Pacific Islander:							ndor:			
	ng (check all that apply)				Primary Language					
☐ Health Care ☐ Day Care ☐ School ☐ Correctional Facility ☐ Other, specify:										
CLINICAL SIGNS AND SYMPTOMS AND COURSE OF ILLNESS * If fatal, notify CDPH immediately.										
Cough	Cough onset date	Paroxysmal		Whoop			ssive vomiting			
	☐ Yes ☐ No ☐ Unk / /			☐ Yes ☐		☐ No ☐ Unknown				
Apnea	Cyanosis	Fever		Highest fe	ver: °F/°C	Sympto	om onset date (if no cough)			
☐ Yes ☐ No ☐ Unk Other Symptoms If Ye	☐ Yes ☐ No ☐ Unkes, describe:	tough duration at e	No Unk _	n DOE	CASE	MEET CDC/	CSTE CLINICAL CRITERIA?			
☐ Yes ☐ No ☐ Unk] <14 days ☐ ≥ ′					vn (FOR STATE USE ONLY)			
Pregnant	If pregnant, estimated of		-		s hospital		Total # days hosp.			
☐Yes ☐No ☐Unknown	delivery / /		No □ Unknow		•	to /	/days			
Hospital name	Patient in ICU ☐ Yes ☐ No ☐		CU Intubated ☐ Yes ☐ N	No 🗌 Uni	,		Seizures due to pertussis ☐ Yes ☐ No ☐ Unknown			
Receive exchange transfusion		Chest x-ray f	or pneumonia	Die	:d*		Date of death			
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ L	Ink	☐ Negative ☐	Not \	res □ N	lo 🗌 Unk	/ /			
TREATMENT – this section is optional and for local health department use only										
Were appropriate antibiotics given? Date started ANTIBIOTIC TYPE:										
Azythromycin ☐ Trimethoprim/sulfamethoxazole ☐ None ☐ Yes ☐ No ☐ Unknown										
FOR INFANTS <4 MONTI	HS OF AGE	=	-				-			
Mother's name (last, first, n		Mother's DOB	Mother's DOB (mm /dd /yyyy)			Prenatal care provider name (Clinician and/or Practice)				
·		/ /					·			
Prenatal care provider location (street, city/town, state) Does prenatal care provider participate in the Comprehensive Perinatal Services Program (CPSP)?										
Member ID # Plan name										
Did mother receive Tdap during pregnancy? ☐ Yes ☐ No- she declined ☐ No- never recommended ☐ No – Other, why: ☐ Unk										
If yes: Date of Tdap vaccination? / / 🔲 Unk Weeks' Gestation: Trimester:										
Where did mother receive Tdap during this pregnancy? ☐ Prenatal care provider's office ☐ Pharmacy ☐ LHD or other medical office										
Does prenatal provider stock Tdap on-site? Yes No – If no, why:										
Hospital name where infant was born:										
VACCINATION / MEDICA	L HISTORY		<u> </u>							
Has the patient ever received vaccine? ☐ Yes ☐ No ☐	<u>.</u>	doses <i>prior</i> to illne		accine fo DTaP			Date of last dose / /			
Reason not vaccinated (check all that apply): Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Under age for vaccination Delay in starting series or between doses Unknown Other:										
PLEASE ENTER DOSE INFORMATION FOR ENTIRE SERIES FOR INFANTS <12 MONTHS OF AGE (other ages optional)										
		: <u>/ /</u>	#4:/	1	_	1 1	#6: <u>/ /</u>			
☐ Date Unk ☐ ☐	Date Unk	te Unk			ate Unk	☐ Date Unk				
LABORATORY INFO										
CASE LAB CONFIRMED (FC	-						OR STATE USE ONLY)			
☐ Yes ☐ No ☐ Unknov	vn			Yes	i ∐ No	o 🔲 Unkno	own			



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Culture performed ☐ Yes ☐ No ☐ Unknown		Culture specimen date / /			Culture result ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐					ending 🗌 No	t done 🔲 Unk		
PCR performed			PCR specime	n date	PCR r	PCR result							
☐ Yes ☐ No ☐ Unknown / /				☐ Po	sitive	□ Nega	tive [Indetermi	inate 🗌 Po	ending 🔲 No	t done 🔲 Unk		
Other pertussis la			•	ther test specimen date		y oth	er lab tests	3		Other lab t	est results		
☐ Yes ☐ No ☐ Unknown / /			1 1										
EPIDEMIOLOGIC INFO													
Contact to an infant <1 year of age? Contact to a pregnant woman? Other sensitive occupation/setting? Describe:													
☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown						☐ Child care ☐ Healthcare ☐ Other							
		se name or ca	or case ID		Outbreak related (<i>LHD use only</i>) Outbreak name of				reak name or	location			
☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown													
CONTACTS – this section is optional and for local health department use only													
Name		Cou	gh onset dat	е	Relations	hip	Age (year	s) Sa	me housel		ligh risk*		
1 2 3 4			/ /				☐ Ye			s 🗌 No 🗌 Unk 🗎 Yes 🗌 No 🗌 Unk			
2			1 1					☐ Yes		□ No □ Unk □ Yes □ No □ Unk			
3 / /		/ /	1				☐ Yes		s ☐ No ☐ Unk ☐ Yes ☐ No ☐ Unk				
4 / /								Yes N	o 🗌 Unk [☐ Yes ☐ No	Unk		
5 / /								Yes N	o 🗌 Unk [☐ Yes ☐ No	Unk		
6 / / Yes No Unk							☐ Yes ☐ No	Unk					
*High risk indicates infant <1 year of age, pregnant woman or person with contact to infants <1year of age or pregnant women													
	Number of contacts for whom antibiotics were recommended Number of ill contacts												
TIMELINE OF I	NFECTIO	USNESS A	ND STAGE	S OF CO	UGH – th	is se	ection is	optio	nal and fo	r LHD use	only		
Exposure Period				Infectious Period									
(typically 7-10 days, range 5-21 days)					(fr	(from onset of catarrhal stage until 5 days after antibiotic treatment							
14/55/		T								s after cough onset)			
WEEK	-5 weeks	-4 weel	cs -3 wee	eks -2	2 weeks	-1	week		n onset ate	+1 week	+2 weeks	+3 weeks	
Enter dates	1 1	1 1	1 1		1 1	/	1	1	1	1 1	/ /	1 1	
Stages of Illness	es of Illness Usually no s/s of illness occur during this				Catarrhal Stage					Paroxysmal	Stage		
stage- N.A. (typically 1-2 weeks) (may last weeks to months)													
CASE CLASSIFICATION (FOR LHD USE) CASE CLASSIFICATION (FOR STATE USE ONLY)													
		Suspec	t □ Notac	ase 🗌 L	Jnk 🔲 Co	onfirn	ned 🗌 F	robab	le 🗌 Susp	ect 🗌 Not	a case 🔲 L	Inknown	
COMMON LHD	TRACKI	NG DATA											
CalREDIE or other LHD number IZB case ID number													
·			clinician rep	an reporting case Reporter telephone (LHD USE ONLY)					NLY)				
					(<u> </u>				
Case investigator completing form Investigator te					ator telepho	ne			Investi	gator jurisdi	ction		
REMARKS													

2014 CASE DEFINITION

<u>Clinical case definition</u>: In the absence of a more likely diagnosis a cough illness lasting ≥ 2 weeks with one of the following symptoms:

- Paroxysm of coughing, OR
- Inspiratory "whoop," OR
- Post-tussive vomiting, OR
- Apnea (with or without cyanosis) (FOR INFANTS AGED <1 YEAR ONLY)

Case classification

Confirmed: 1) An acute cough illness of any duration with isolation of *B. pertussis* from a clinical specimen OR 2) A case that meets the clinical case definition and is confirmed by detection of *B. pertussis*-specific nucleic acid by polymerase chain reaction (PCR) OR 3) A case that meets the clinical case definition and is epidemiologically-linked directly to a laboratory-confirmed case of pertussis.

Probable: 1) A case that meets the clinical case definition and is not laboratory-confirmed with culture or PCR and is not epidemiologically-linked directly to a confirmed case. OR FOR INFANTS AGED <1 YEAR ONLY 2) Acute cough illness of any duration, with at least one of the following: (paroxysms of coughing, inspiratory "whoop", post-tussive vomiting, or apnea (with or without cyanosis) AND PCR positive for pertussis or contact to a laboratory-confirmed case of pertussis.</p>

Suspect: 1) An acute cough illness of any duration with detection of *B. pertussis*-specific nucleic acid by PCR OR 2) An acute cough illness of any duration with at least one of the following: (paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting) that is epidemiologically-linked directly to a confirmed case.

CDPH 8258 (10/18) Case Initials _____ Page **2** of **2**