

APR 2025

TREATMENT								
First Antibiotic Received <input type="text"/> <input type="text"/>		Date Treatment Initiated <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>			Treatment Duration <input type="text"/> <input type="text"/> <input type="text"/> (days)			
ANTIBIOTIC(S) GIVEN								
1 = amoxicillin 2 = amoxicillin-potassium clavulanate combination 3 = ampicillin 4 = azithromycin 5 = ceftriaxone 6 = cefuroxime 7 = ciprofloxacin 8 = other <input type="text"/> 9 = unknown 10 = clarithromycin 11 = doxycycline 12 = erythromycin 13 = none 14 = penicillins 15 = trimethoprim-sulfamethoxazole 16 = tetracycline								
Second Antibiotic Received <input type="text"/> <input type="text"/>		Date Treatment Initiated <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>			Treatment Duration <input type="text"/> <input type="text"/> <input type="text"/> (days)			
LABORATORY INFORMATION								
VPD Lab Message Reference Laboratory <input type="text"/>			VPD Lab Message Patient Identifier <input type="text"/>			VPD Lab Message Specimen Identifier <input type="text"/>		
Was Laboratory Testing Done to Confirm Diagnosis? Y=Yes N=No U=Unknown <input type="checkbox"/>								
Was Case Laboratory Confirmed? Y=yes N=no U=unknown <input type="checkbox"/> Was a Specimen Sent to CDC for Testing? Y=yes N=no U=unknown <input type="checkbox"/>								
Test Type	Test Result	Date Specimen Collected <small>month day year</small>	Test Result Quantitative	Result Units	Specimen Source	Date Specimen Sent to CDC <small>month day year</small>	Specimen Analyzed Date <small>month day year</small>	Performing Laboratory Type
IgA		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
IgM		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
IgG (acute)		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
IgG (conv)		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
IgG EIA (unspec)		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
IgG toxin		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
culture		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
DFA		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
PCR		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
genotype		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
other test type		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
unspecified serology		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
unknown		<input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Lab Test Interpretation Codes BP= <i>Bordetella paraptussis</i> BS= <i>Bordetella</i> species P=positive N=negative E=pending X=not done S=significant rise in titer NS=no significant rise in titer I=Indeterminate Q=equivocal O=other (specify) U=unknown			Specimen Source Codes 1=bacterial isolate 10=cataract 19=nasopharyngeal isolate 28=scab 37=nasal sinus 2=blood 11=CSF 20=nasopharyngeal swab 29=serum 38=vesicula swab 3=body fluid 12=lesion 21=nasopharyngeal washing 30=skin lesion 39=internal nose 4=bronchoalveolar lavage 13=microbial isolate 22=nucleic acid 31=specimen 40=throat 5=buccal smear 14=crust 23=oral fluid 32=lung 41=tissue 6=buccal swab 15=DNA 24=oral swab 33=lavage 42=urine 7=capillary blood 16=lesion 25=plasma 34=stool 43=vesicle fluid 8=other (specify) 17=macular scraping 26=RNA 35=swab 44=viral isolate 9=unknown 18=microbial isolate 27=saliva 36=skin lesion 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 against this disease received prior to illness onset: 0-6 99=unk (doses)

Date of last dose against this disease prior to illness onset: ____ ____ ____ ____ ____ (mm/dd/yyyy)

Vaccine Type	Vaccination Date month day year	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiry Date month day year	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

VACCINE TYPE CODES

W=DTP whole cell X=Tdap
A=DTaP unspecified K=DTaP-IPV
R=DTaP 5 pertussis V=DTaP-IPV-HepB
H=DTaP-Hib N=DTaP-IPV-Hib
D=DT or Td H=DTaP-IPV-HIB-HEPB historical
T=DTP-Hib B=DTaP,IPV,Hib,HepB
P=pertussis only O=other (specify)

VACCINE MANUFACTURER CODES

C = Sanofi Pasteur
L=Wyeth
S=GlaxoSmithKline
M=Massachusetts Health Department
I=Michigan Health Department
N=North American Vaccine
O = other (specify)
U = unknown

VACCINE EVENT INFORMATION SOURCE CODES

00= new immunization record
01= historical information, source unidentified
02= historical information, other provider
05= historical information, other registry
06= historical information, birth certificate OTH= other
07= historical information, school record UNK= unknown
08= historical information, public agency
09= historical information, patient or parent recall
10= historical information, patient or parent written record

Reason not Vaccinated per ACIP

1 = religious exemption 5 = MD diagnosis of previous disease 9 = unknown 13 = parent/patient unaware of recommendation
2 = medical contraindication 6 = too young 10 = parent/patient forgot to vaccinate 14 = missed opportunity
3 = philosophical objection 7 = parent/patient refusal 11 = vaccine record incomplete/unavailable 15 = foreign visitor ☐ ☐
4 = lab evidence of previous disease 8 = other _____ 12 = parent/patient report of previous disease 16 = immigrant

EXPOSURE

Epi-linked to confirmed case? Y=yes N=no U=Unknown ☐ **Outbreak related?** Y=yes N=no U=unknown ☐ **Outbreak Name** _____

Country of Exposure _____ **State/Province of Exposure** _____ **County of Exposure** _____ **City of Exposure** _____

IMPORTATION

Imported Code 1=Indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to determine source 9=unknown ☐

Imported Country _____ **Imported State** _____ **Imported County** _____ **Imported City** _____

TRANSMISSION SETTING

1 = day care 2 = school 3 = doctor's office 4 = hospital ward 5 = hospital ER
6 = hospital outpatient 7 = home 8 = other _____ 9 = unknown
10 = college 11 = military 12 = correctional facility 13 = place of worship
14 = international travel 15 = community 16 = work 17 = athletics ☐ ☐

Transmission Mode

EPIDEMIOLOGIC INFORMATION

Mother's age at infant's birth (if case <1yr old) Did mother receive Tdap (if case <1yr old)? Y=yes N=no U=unknown ☐

When was Tdap administered? ☐ prior to pregnancy ☐ during pregnancy ☐ postpartum ☐ other ☐ unknown

Date Tdap Administered Gestational Age weeks (if case <1yr old) Infant Birth Weight (if case <1 yr old) Birth Weight Units ☐ gram ☐ pound ☐ kilogram ☐ ounce

Was case-patient a healthcare provider at onset of illness? Y=yes N=no U=unknown ☐

Transmission Setting of Further Spread

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

One or more suspected sources of infection? Y=yes N=no U=unknown ☐

Number of Suspected Sources

Suspected Source	Age	Age Unit [†]	Sex	Relationship to Case	Cough Onset Date month day year	Number of Contacts Recommended Prophylaxis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship Codes bro=brother fth=father fnd=friend grp=grandparent mth=mother ngh=neighbor oth=other (specify) sis=sister spo=spouse unk=unknown
Source 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Source 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Source 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

[†]Units a=year d=day mo=month wk=week unk=unknown

CASE NOTIFICATION

Condition Code **10190** Immediate National Notifiable Condition Y=yes N=no U=unknown ☐ Legacy Case ID

State Case ID Local Record ID Jurisdiction Code Binational Reporting Criteria

Date First Verbal Notification to CDC Date First Electronically Submitted

Date of Electronic Case Notification to CDC MMWR Week MMWR Year

Current Occupation (type of work case-patient does) Current Occupation Standardized (NIOCCS code)

Current Industry (type of business or industry in which case-patient works) Current Industry Standardized (NIOCCS code)

Person Reporting to CDC NAME (first) (last) Person Reporting to CDC Email @ Person Reporting to CDC Phone Number ()

COMMENTS

CLINICAL CASE DEFINITION[†]

PROBABLE

- In the absence of a more likely diagnosis, illness meeting the clinical criteria

OR

- Illness with cough 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 (epidemiological linkage)

CONFIRMED

Acute cough illness of any duration, with

- Isolation of *B. pertussis* from a clinical specimen OR
- PCR positive for *B. pertussis*

[†]<https://wwwn.cdc.gov/nndss/conditions/pertussis/case-definition/2020/>