

Pertussis Surveillance Worksheet

Generic MMG

Pertussis V1.0 MMG R1 20180504

NAME (last) (first)		ADDRESS (Street and No.)		Phone	Hospital Record No.
This information will not be sent to CDC					
REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type		NAME ADDRESS ZIP CODE PHONE		SUBJECT ADDRESS CITY SUBJECT ADDRESS STATE SUBJECT ADDRESS COUNTY SUBJECT ADDRESS ZIP CODE LOCAL SUBJECT ID	
CASE INFORMATION					
Date of Birth		Country of Birth		Other Birth Place	
Country of Usual Residence					
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Ethnic <input type="checkbox"/> H=Hispanic or Latino <input type="checkbox"/> N=Not Hispanic/Latino <input type="checkbox"/> O=Other <input type="checkbox"/> U=Unknown <input type="checkbox"/> Sex <input type="checkbox"/> M=male <input type="checkbox"/> F=female <input type="checkbox"/>					
Age at Case Investigation		Age Unit*		Reporting County	
Reporting State					
Date Reported		Date First Reported to PHD		National Reporting Jurisdiction	
Earliest Date Reported to County		Earliest Date Reported to State			
Case Class Status <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case					
Case Investigation Start Date					
Case Detection Method <input type="checkbox"/> prenatal testing <input type="checkbox"/> prison entry <input type="checkbox"/> provider report <input type="checkbox"/> routine physical <input type="checkbox"/> self-referral <input type="checkbox"/> other <input type="checkbox"/> unknown					
Case Investigation Status Code <input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> other <input type="checkbox"/> rejected <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown					
CLINICAL INFORMATION					
Illness Onset Date		Illness End Date		Illness Duration	
Duration Units*					
Hospitalized? Y=yes N=no U=unknown		Hospital Admission Date		Hospital Discharge Date	
Duration of Hospital Stay		Date of Diagnosis		Pregnancy Status Y=yes N=no U=unknown	
SIGNS AND SYMPTOMS					
COMPLICATIONS					
Cough Onset Date					
Age at Cough Onset					
Age Unit*					
Total Cough Duration					
Was there a cough at patient's final interview?					
Date of Final Interview					
Subject died?					
Deceased Date					
Chest X-Ray for Pneumonia					
Were antibiotics given?					
*UNITS					

TREATMENT

First Antibiotic Received

Date Treatment Initiated

Treatment Duration

(days)

29303-5

86948-7

month day year

67453-1

ANTIBIOTIC(S) GIVEN

1 = amoxicillin 2 = amoxicillin-potassium clavulanate combination 3 = ampicillin 4 = azithromycin 5 = ceftriaxone 6 = cefuroxime
 7 = ciprofloxacin 8 = other 9 = unknown 10 = clarithromycin 11 = doxycycline 12 = erythromycin
 13 = none 14 = penicillins 15 = trimethoprim-sulfamethoxazole 16 = tetracycline

Second Antibiotic Received

Date Treatment Initiated

Treatment Duration

(days)

29303-5

86948-7

month day year

67453-1

LABORATORY INFORMATION

VPD Lab Message Reference Laboratory

VPD Lab Message Patient Identifier

VPD Lab Message Specimen Identifier

LAB143

LAB598

LAB125

Was Laboratory Testing Done to Confirm Diagnosis? LAB630 Y=Yes N=No U=Unknown

Was Case Lab INV164 y Confirmed? Y=yes N=no U=unknown Was a Specimen 82314-6 sent to CDC for Testing? Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected	Test Result Quantitative	Result Units	Specimen Source	Date Specimen Sent to CDC	Specimen Analyzed Date	Performing Laboratory Type
INV290	INV291	68963-8 month day year	LAB628	LAB115	31208-2	85930-6 month day year	OBX-19 month day year	82771-7
IgA 29672-3		-----				-----	-----	
IgM 29673-1		-----				-----	-----	
IgG (acute) LAB635		-----				-----	-----	
IgG (conv) LAB636		-----				-----	-----	
IgG EIA 29659-0 (unspecified)		-----				-----	-----	
IgG toxin 85684-9		-----				-----	-----	
culture 549-6		-----				-----	-----	
DFA 550-4		-----				-----	-----	
PCR 23826-1		-----				-----	-----	
genotype LAB634		-----				-----	-----	
other test type LAB608		-----				-----	-----	
unspecified serology LAB707		-----				-----	-----	
unknown LAB609		-----				-----	-----	

Lab Test Interpretation Codes

INV291

Specimen Source Codes

31208-2

BP=Bordetella parapertussis
 BS=Bordetella 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

1=bacterial isolate 10=cataract 19=nasopharyngeal isolate 28=scab 37=nasal sinus
 2=blood 11=CSF 20=nasopharyngeal swab 29=serum 38=vesicular 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

1=CDC lab

2=commercial lab

3=hospital lab

4=other clinical lab

5=public health lab

Type 82771-7

6=VPD testing lab

8=other (specify)

9=unknown

VACCINATION HISTORY INFORMATION

VACCINATED (has the case-patient ever received a vaccine against this disease)? ☐ VAC126 Y=yes N=no U=unknown ☐

Was the subject vaccinated per ACIP recommendations? ☐ VAC148 Y=yes N=no U=unknown ☐

Number of doses against this disease received prior to illness onset: 82745-1 0 - 6 99=unknown (doses)

Date of last dose against this disease prior to illness onset: VAC142 ____ (mm/dd/yyyy)

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiry Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
<input type="text"/> 30956-7	<input type="text"/> 30952-6 month day year	<input type="text"/> 30957-5	<input type="text"/> 30959-1	<input type="text"/> VAC109 month day year	<input type="text"/> VAC153	<input type="text"/> VAC102	<input type="text"/> VAC147	<input type="text"/> 30973-2

VACCINE TYPE CODES 30956-7

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 30957-5

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 VAC147

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 VAC149

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 ☐
 INV927

Outbreak related? Y=yes N=no U=unknown ☐
 77980-1

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

Imported Country INV153

Imported State INV154

Imported County INV156

Imported City INV155

TRANSMISSION SETTING 81267-7

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 77989-2

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 ☐
 MTH172

When was Tdap administered? MTH173 ☐ prior to pregnancy ☐ during pregnancy ☐ postpartum ☐ other ☐ unknown

Date Tdap Administered **Gestational Age** **Infant Birth Weight**
 MTH174 month day year (if case <1yr old) weeks (if case <1 yr old) **Birth Weight Units** OBX-6 for 56056-5
 18185-9 56056-5 g=gram lb=pound Kg=kilogram oz=ounce

Was case-patient a healthcare provider at onset of illness? 223366009 Y=yes N=no U=unknown ☐

Transmission Setting of Further Spread INV561
 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? PRT070 Y=yes N=no U=unknown ☐ **Number of Suspected Sources** PRT071

Suspected Source	Age <input type="text"/> PRT074	Age Unit [†] OBX-6 for PRT074	Sex <input type="text"/> PRT076	Relationship to Case <input type="text"/> PRT077	Cough Onset Date <input type="text"/> PRT088 month day year	Number of Contacts Recommended Prophylaxis <input type="text"/> INV562 <input type="text"/> <input type="text"/> <input type="text"/>	Relationship Codes <input type="text"/> PRT077 bro=brother ngh=neighbor fth=father oth=other (specify) fnd=friend sis=sister grp=grandparent spo=spouse mth=mother unk=unknown Sex Codes <input type="text"/> PRT076 F=female M=male U=unk
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 OBX-6 a=year d=day mo=month wk=week unk=unknown

CASE NOTIFICATION

Condition Code OBR-31 **10190** **Immediate National Notifiable Condition** 77965-2 Y=yes N=no U=unknown ☐ **Legacy Case ID** 77997-5

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

Date First Verbal Notification to CDC 77994-2 month day year **Date First Electronically Submitted** OBR-7 month day year

Date of Electronic Case Notification to CDC OBR-22 month day year **MMWR Week** 77991-8 **MMWR Year** 77992-6

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 74549-7 (first) (last) **Person Reporting to CDC Email** 74547-1 @
Person Reporting to CDC Phone Number 74548-9 (____) _____

COMMENTS 77999-1

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/>