County of Los Angeles
Public Health
Vaccine Preventable Disease Control Program (VPDC)
3530 Wilshire Blvd. Suite 700
Los Angeles, CA 90010
Phone: (213) 351-7800, Fax: (213) 351-2782

PERTUSSIS CASE REPORT

PATIENT DEMOGRAPHICS

Patient's name *(last, first, middle initial)*	DOB *(month /day /year)*	IRIS ID
	/ /	

Address *(number and street)* Apt #	City/town	State	Zip code	County

Phone number	Country of birth	Date of arrival to USA *(if not born in USA)*
Home ( ) Cell/Work( )	☐ USA ☐ Other:	/ /

Ethnicity *(check one)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unk | Gender *(check one)* ☐ Female ☐ Male ☐ Other *(specify)* ☐ Unk

Race *(check all that apply)*

☐ Black/African-American	☐ 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: _____	☐ Filipino	☐ Laotian	_____	☐ Other Pacific Islander: _____

Occupation	Setting *(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 VPDC Program immediately.*

Cough	Cough onset date	Paroxysmal cough	Whoop	Post-tussive vomiting
☐ Yes ☐ No ☐ Unk	/ /	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unknown
Apnea	**Cyanosis**	**Fever**	**Highest fever: °F/°C**	**Symptom onset date *(if no cough)***
☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	_____	/ /

Other Symptoms	If Yes, describe:	Cough duration at end of investigation
☐ Yes ☐ No ☐ Unk		☐ <14 days ☐ ≥ 14 days ☐ Unk

Pregnant	If pregnant, estimated date of	Hospitalized *(≥24 hours)*	Dates hospitalized	Total # days hosp.
☐ Yes ☐No ☐Unknown	delivery. / /	☐ Yes ☐ No ☐ Unknown	/ / to / /	_____ days

Hospital name	Patient in ICU Days in ICU	Intubated Days intubated	Seizures due to pertussis
	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk

Receive exchange transfusion	Receive ECMO	Chest x-ray for pneumonia	Died*	Date of death
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unk	☐ Positive ☐ Negative ☐ Not done	☐ Yes ☐ No ☐ Unk	/ /

Were appropriate antibiotics given?	Date started antibiotics	Antibiotic type: ☐ Azythromycin ☐ Clarithromycin ☐ Erythromycin (includes pediazole) ☐ Trimethoprim/sulfamethoxazole (cotrimoxazole), i.e., bactrim/septra ☐ Other:_____ ☐ None ☐ Unknown
☐ Yes ☐ No ☐ Unknown	/ /	

FOR INFANTS <12 MONTHS OF AGE

Mother's name *(last, first, middle initial)*	Mother's DOB *(mm /dd /yyyy)*
	/ /

Prenatal care provider name *(Clinician and/or Practice)* *If mother received prenatal care at more than one provider, document provider(s) who saw mother closest to 27-36 weeks gestation.*	Prenatal care provider location *(street, city, state, zip)*	Prenatal care provider phone

Did mother receive Tdap during pregnancy? ☐ Yes ☐ No-mother declined ☐ No-never recommended ☐ No-rec'd at hospital after delivery ☐ No-Other, why:____) ☐ Unk
If yes, what trimester during pregnancy or postpartum did the mother receive Tdap? ☐ 1st ☐ 2nd ☐ 3rd ☐ Postpartum/after delivery ☐ Unk

Where did mother receive Tdap during this pregnancy? ☐ Prenatal care provider's office ☐ Pharmacy ☐ Local health department ☐ Other medical office ☐ Hospital, postpartum

If the mother did not receive the Tdap at the prenatal care provider's office, what is the name and phone number of the facility where she got the Tdap?
Facility name Facility phone

VACCINATION / MEDICAL HISTORY

Has the patient ever received pertussis vaccine?	Number of doses **prior** to illness onset:	Type of vaccine for last dose	Date of last dose
☐ Yes ☐ No ☐ Unk		☐ Tdap ☐ DTaP ☐ DTP	/ /

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)

#1: ___/___/___	#2: ___/___/___	#3: ___/___/___	#4: ___/___/___	#5: ___/___/___	#6: ___/___/___
☐ Date Unk	☐ Date Unk	☐ Date Unk	☐ Date Unk	☐ Date Unk	☐ Date Unk

Patient name (last, first): ____________________ Date of Birth: ____________ Incident ID: ____________

LABORATORY INFORMATION

CASE LAB CONFIRMED *(FOR VPDC USE)* ☐ Yes ☐ No ☐ Unknown

Culture performed	Culture specimen date	Culture result	
☐ Yes ☐ No ☐ Unknown	/ /	☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Unk	
Polymerase chain reaction (PCR) performed	**PCR specimen date**	**PCR result**	
☐ Yes ☐ No ☐ Unknown	/ /	☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not done ☐ Unk	
Other pertussis lab tests performed	**Other test specimen date**	**Specify other lab tests**	**Other lab test results**
☐ Yes ☐ No ☐ Unknown	/ /		

EPIDEMIOLOGIC INFORMATION

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	
Epi-linked to a lab-confirmed case	**Case name and vCMR ID**	**Outbreak-related**	**Outbreak number & location**
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

CONTACTS

Cough	Name	DOB	Age	Same household	Earliest mild cough onset date	Duration (days)	Signs and Symptoms	PCR (+)	Rx date	Rx Name
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	
☐ Yes ☐ No		/ /		☐ Yes ☐ No	/ /		☐ Paroxysms ☐ Post-tussive vomit ☐ Whoop ☐ Apnea	☐ Yes ☐ No	/ /	

INFECTION TIMELINE

Incubation period: *7-21 days.*
Infectious period*: Up to 21 days after the onset of the earliest symptoms. If treated, only 5 days.*
Post-exposure prophylaxis: *See B-73.*

Enter date of earliest mild cough onset in onset box
Count backward to determine probable exposure period and count forward to determine infectious period.

	EXPOSURE PERIOD	INFECTIOUS PERIOD	
Days from onset:	**-21 days**	**ONSET DATE***	**+21 days (if treated, +5 days)**
Calendar dates: *(month/day/year)*	___/___/____	___/___/____	___/___/____

**Earliest onset of symptoms*

COMMON VPDC TRACKING DATA

Date reported	Date investigation started	Person/clinician reporting case	Reporter telephone
/ /	/ /		( )
Investigator's name	**Investigator's telephone**	**Health District**	
	( )		

CASE CLASSIFICATION *(FOR VPDC USE)* ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

2014 CASE DEFINITION

Clinical case definition*: 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.*

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.