

# PERTUSSIS

## Case details

<b>Surname</b> _____		<b>Given name</b> _____		<b>NDD no.</b> _____
<b>DOB</b> ____/____/____	<b>Age</b> ____ yrs/mth	<b>Sex</b>		M    F
<b>Address</b> _____				
<b>Suburb</b> _____	<b>Postcode</b> _____	<b>Telephone</b> _____		
<b>Other contact</b> _____				<b>Telephone</b> _____
<b>Occupation/school</b> _____				<b>Telephone</b> _____
<b>Indigenous</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres St Islander <input type="checkbox"/> No	<b>COB</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other: <i>specify</i> _____	<b>Language</b>
				<input type="checkbox"/> English <input type="checkbox"/> Other: <i>specify</i> _____

## Disease

<b>Symptomatic</b>	Y    N	<b>Onset date</b>	____/____/____	
<b>Cough</b>	Y    N	<b>Duration</b>	____ days	
<b>Paroxysms</b>	Y    N	<b>Whoops</b>	Y    N	<b>Post-tussive vomiting</b>
				Y    N
<b>Rx Antibiotics</b>	Y    N	<b>Type</b>	<input type="checkbox"/> Erythromycin <input type="checkbox"/> Other _____	<b>Date begun</b> ____/____/____

## Notes

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**Definition**     probable     confirmed

## Laboratory

<b>Lab confirmed</b>	Y    N	<b>Specimen</b>	<input type="checkbox"/> serum <input type="checkbox"/> aspirate <input type="checkbox"/> swab	<b>Specimen date</b>	____/____/____ ____/____/____ ____/____/____
<b>Organism</b>	<i>B. pertussis</i>	<b>ID method</b>	<input type="checkbox"/> Ig A serology <input type="checkbox"/> culture <input type="checkbox"/> PCR/NAT	<input type="checkbox"/> pos <input type="checkbox"/> pos <input type="checkbox"/> pos	<input type="checkbox"/> neg <input type="checkbox"/> neg <input type="checkbox"/> neg
<b>Suborganism</b>	N/A				

## Notification

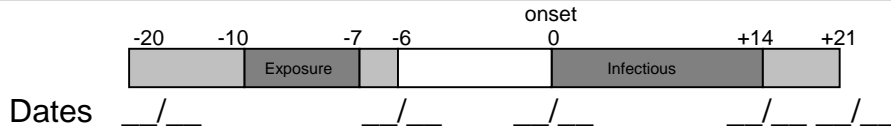
<b>First notifier</b>	_____	<b>Telephone</b>	_____	<b>Fax</b>	_____
<b>Notifier type</b>	____ Lab ____ Doctor ____ Hospital (not lab) ____ Other _____	<b>Notified date</b>	____/____/____	<b>Received date</b>	____/____/____
<b>Treating doctor</b>	_____	<b>Telephone</b>	_____	<b>Postcode</b>	_____
<b>Address</b>	_____			<b>Fax</b>	_____

## Outcome

<b>Hospitalised</b>	Y    N	<b>Admitted</b>	____/____/____	<b>Discharged</b>	____/____/____
<b>Hospital/s</b>	_____			<b>MRN</b>	_____
<b>Hosp doctor</b>	_____	<b>Telephone</b>	_____	<b>Address</b>	_____
<b>Pneumonia</b>	Y    N    U	<b>Seizures</b>	Y    N    U	<b>Encephalopathy</b>	Y    N    U
<b>Deceased</b>	Y    N	<b>Death date</b>	____/____/____	<b>Death from pertussis?</b>	Y    N    U

**Risk factors**

**Infection timeline**



**Exposures in 6 to 20 days before onset:**

**Specify**

**For cases <24 months old:**

**Most likely source of infection?**

- parent
- sibling
- overseas
- other household contact
- unable to be interviewed
- unable to be identified on interview
- grandparent
- health care worker
- child at child care centre
- other \_\_\_\_\_

**Age group of likely source (yrs)**

- 0-5
- 6-11
- 12-19
- 21- 49
- 50 plus
- unknown

**Immunisation status for likely source**

If likely source is under 5 yrs of age have they been age appropriately vaccinated? Y N Unk  
 If over 5 years of age has he/she had a booster in the last 5 years?  
 Y N Unk

**For cases <12 years old:**

**Primary vaccination against pertussis**

Y N U

**Doses** \_\_\_\_\_

**Date last** \_\_\_/\_\_\_/\_\_\_

**If not vaccinated, why not?**

- history of pertussis
- age < 2 months
- forgot
- chose not to
- other \_\_\_\_\_

**Last dose verified by**

- ACIR
- GP records
- Blue book
- No documentation

**For cases aged between 12 and 19 years:**

**Was the child vaccinated in school based program?**

- Yes
- No
- Not enrolled at school when vaccination offered
- Unknown

**Vaccination verified by:**

- School records
- GP Records
- No documentation

**Contact management (persons exposed from prodrome to 21 days after onset)**

Case advised about reducing spread to others Y N

Close contacts	Relationship	Age/DOB	Telephone	Intervention	By whom?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**No. contacts recommended for prophylaxis**

**Administration**

Completed by \_\_\_\_\_ Date finalised \_\_\_/\_\_\_/\_\_\_ PHU \_\_\_\_\_