

NAME (Last, First)		Hospital Record No.			
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/LabPhone		Address		Phone	

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id		County		State		Zip	
Birth Date		Age		Age Type		Race	
Month	Day	Year	Unk= 999	0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age Unknown	N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown
Event Date		Event Type		Outbreak Associated		Reported	
Month	Day	Year	1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done 4 = Reported to County 5 = Reported to State or MMWR Report Date 6 = Unknown	Unk= 999	Month	Day	Year
Report Status		1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown					

CLINICAL DATA	Any Cough? Cough Onset		Paroxysmal Cough?		Whoop?				
	Y = Yes N = No U = Unk		Y = Yes N = No U = Unk		Y = Yes N = No U = Unk				
	Month		Day		Year				
	Posttussive Vomiting?		Apnea?		Final Interview Date				
Y = Yes N = No U = Unknown		Y = Yes N = No U = Unknown		Month		Day		Year	
Cough at Final Interview?		Duration of Cough at Final Interview							
Y = Yes N = No U = Unknown		Days							

COMPLICATIONS	Chest X-ray for Pneumonia		Seizures Due to Pertussis		
	P = Positive N = Negative		X = Not Done U = Unknown		
	Y = Yes N = No U = Unknown		Y = Yes N = No U = Unknown		
	Acute Encephalopathy Due to Pertussis				
Y = Yes N = No U = Unknown					
Hospitalized?		Days Hospitalized?		Died?	
Y = Yes N = No U = Unknown		0-998 999-Unknown		Y = Yes N = No U = Unknown	

TREATMENT	Were Antibiotics Given?		1 = Erythromycin (incl. pediazole, ilosone) 2 = Cotrimoxazole (bactrim/sepra) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Cector/Cefixime		6 = Other 9 = Unknown	
	Y = Yes N = No U = Unknown					
	Date Started First Antibiotic		Days First Antibiotic Actually Taken			
	Month	Day	Year	0-998 999-Unknown		
Second Antibiotic Received		See Choices for First Antibiotic Given				
Date Started Second Antibiotic		Days Second Antibiotic Actually Taken				
Month	Day	Year	0-998 999-Unknown			

LABORATORY	Was Laboratory Testing for Pertussis Done?				
	Y = Yes N = No U = Unknown				
	Result		Date Specimen Taken		
	Culture		Month	Day	Year
	DFA				
	Serology 1				
Serology 2					
PCR					
RESULT CODES P = Positive E = Pending X = Not Done U = Unknown N = Negative I = Indeterminate S = Parapertussis					

VACCINE HISTORY	Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)		Y = Yes N = No U = Unknown		
	Vaccination Date		Vaccine Type*		
	Month	Day	Year	Type*	Manuf*
	Lot Number				
	Vaccine Type Codes		Vaccine Manufacturer Codes		
	W = DTP Whole Cell R = DTaP-IPV-Hep B A = DTaP N = DTaP-IPV-Hib H = DTaP-Hib K = DTaP-IPV D = DT or Td O = Other T = DTP-Hib U = Unknown P = Pertussis Only X = Tdap		C = sanofil pasteur L = Wyeth S = GlaxoSmithKline M = Massachusetts Health Department I = Michigan Health Department N = North American Vaccine O = Other U = Unknown		

Date First Reported to a Health Department		Date Case Investigation Started			
Month	Day	Year	Month	Day	Year
Outbreak Related?		Epi-Linked?			
Y = Yes N = No U = Unknown		Y = Yes N = No U = Unknown			

Outbreak Name (Name of outbreak this case is associated with)	
If patient <12 months old:	
What was the mother's age at infant's birth: _____	
What was the weight of the infant at birth: _____ lb _____ oz OR _____ kg _____ g	
Transmission Setting (Where did this patient acquire pertussis)?	
1 = Day Care 6 = Hosp. Outpatient Clinic 11 = Military 2 = School 7 = Home 12 = Correctional Facility 3 = Doctor's Office 8 = Work 13 = Church 4 = Hospital Ward 9 = Unknown 14 = International Travel 5 = Hospital ER 10 = College 15 = Other	

Date of Last Pertussis-Containing Vaccine Prior to Illness Onset		Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset	
Month	Day	Year	0-6 9-Unknown
Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine			
1 = Religious Exemption		5 = Parental Refusal	
2 = Medical Contraindication		6 = Age Less Than 7 Months	
3 = Philosophical Exemption		7 = Other	
4 = Previous Pertussis Confirmed by Culture or MD		9 = Unknown	

Setting (Outside Household) of Further Documented spread From This Case	
Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household 16 = No Documented Spread Outside Household	
Number of Contacts in Any Setting Recommended Antibiotics	

