Pertussis Case Report Form

Phone.............360-778-6100
Fax 360-778-6103
Report Line......360-778-6150

DEMOGRAPHICS All cases including suspected are notifiable within 24 hours

NAME: Last_______________________________________First______________________MI___
D.O. B:____/_____/_______ Sex: M F Best Contact Phone:_____________________
Patient's Guardian or Parent (if minor) ______________________________

SYMPTOMS (Symptoms in **bold** suspicious for pertussis)

	Yes	No	
Cough	☐	☐	Onset date:____/____/____
Whoop	☐	☐	Onset date:____/____/____
Paroxysms (coughing in fits, bursts)	☐	☐	Onset date:____/____/____
Post-tussive vomiting (after coughing)	☐	☐	Onset date:____/____/____
Apnea (infants <1 year old)	☐	☐	

SOCIAL & RISK FACTORS	Yes	No	
Exposure to a pertussis case in past 3 weeks?	☐	☐	Date and Place of Exposure:
Patient < 1 year old?*	☐	☐	
Attends childcare or school?*	☐	☐	
Close contact with a high-risk person(s)?*			
Pregnant women	☐	☐	
Infant(s) < 1 year old	☐	☐	
Anyone who may expose infants <1 year of age or pregnant women (childcare workers, HCPs)	☐	☐	

CONSIDER TESTING	Yes	No	
Specimen sent to commercial lab?	☐	☐	Date specimen obtained:___/___/___

***Note:** Pertussis testing should done for symptomatic persons who are either high-risk or who may expose someone who is high-risk. Testing is appropriate up until 3 weeks after onset of paroxysmal cough. Contact WCHD to talk about testing at the Public Health Lab for high-risk patients whom you think should be tested but who are uninsured. **A negative test does not rule out pertussis.**

PATIENT TREATMENT/PROPHYLAXIS	Yes	No	
Antibiotic prescribed at time of visit?	☐	☐	Name of Antibiotic:_________________
Prophylaxis prescribed to household contacts?	☐	☐	Number of contacts:_________________

Note: Treat whether or not you test and regardless of vaccination status if pertussis is highly suspected. Do not wait for test results. Treat within 21 days of paroxysmal cough onset. Exclude patient from all public contact until 5 days antibiotic has been completed. Arrange prophylaxis (preventive antibiotics) for household and close contacts.

PATIENT EXCLUSION

Patient excluded from daycare, school, work, or other settings with young infants or pregnant women until 5 days of antibiotic therapy or for 21 days after paroxysmal cough onset if not treated.

Yes ☐ **No** ☐

NAME OF PROVIDER:________________________________ **PHONE:**______________________
DATE OF VISIT: ___/___/____ **DATE REPORTED**: ___/___/____

Revised July 2018