

CASE REPORT FORM

Pertussis

	EpiSurv No.
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Reporting Authority	
Name of Public Health Officer responsible for case 	
Notifier Identification ?	
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source 	Organisation
Date reported* dd/mm/yyyy 📅	Laboratory sample date dd/mm/yyyy 📅 Contact phone
Usual GP 	Practice GP phone
GP/Practice address Number Street Suburb Town/City Post Code ☐ GeoCode 	
Case Identification ?	
Name of case* Surname Given Name(s) 	
NHI number* 	Email
Current address* Number Street Suburb Town/City Post Code ☐ GeoCode 	
Phone (home) 	Phone (work) Phone (other)
Case Demography	
Location TA* 	DHB*
Date of birth* dd/mm/yyyy 📅	OR Age ☐ Days ☐ Months ☐ Years
Sex* ☐ Male ☐ Female ☐ Unknown ☐ Other	
Occupation* ?	
Occupation location ☐ Place of Work ☐ School ☐ Pre-school	
Name 	
Address Number Street Suburb Town/City Post Code ☐ GeoCode 	
Alternative location ☐ Place of Work ☐ School ☐ Pre-school	
Name 	
Address Number Street Suburb Town/City Post Code ☐ GeoCode 	
Ethnic group case belongs to* (tick all that apply) ? ☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori ☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) 	

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Basis of Diagnosis	
CLINICAL CRITERIA ?	
Fits clinical description*	☐ Yes ☐ No ☐ Unknown
Clinical Features	
Cough (any duration)*	☐ Yes ☐ No ☐ Unknown
If yes, cough for more than 2 weeks	☐ Yes ☐ No ☐ Unknown
Paroxysmal cough*	☐ Yes ☐ No ☐ Unknown
Inspiratory whoop*	☐ Yes ☐ No ☐ Unknown
Cough ending in vomiting, cyanosis or apnoea*	☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA ?	
Isolation of <i>Bordetella pertussis</i> (culture)*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown
Detection of <i>Bordetella pertussis</i> nucleic acid (e.g. NAAT/PCR)*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown
EPIDEMIOLOGICAL CRITERIA	
Contact with a confirmed case of pertussis*	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION*	☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case ?
Clinical Course and Outcome	
Date of onset*	dd/mm/yyyy ☐ Approximate ☐ Unknown
Hospitalised*	☐ Yes ☐ No ☐ Unknown
Date hospitalised*	dd/mm/yyyy ☐ Unknown
Hospital*	
Died*	☐ Yes ☐ No ☐ Unknown
Date died*	dd/mm/yyyy ☐ Unknown
Was this disease the primary cause of death?*	☐ Yes ☐ No ☐ Unknown
If no, specify the primary cause of death*	
Outbreak Details	
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*	
☐ Yes If yes, specify Outbreak No.* 	
Risk Factors	
Attendance at school, pre-school or childcare~	☐ Yes ☐ No ☐ Unknown
Other risk factors for disease~	

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Protective Factors	
At any time prior to onset, had the case been immunised with pertussis-containing vaccine?* ☐ Yes ☐ No ☐ Unknown	
If yes, specify vaccine details*	
First administered dose:*	☐ DTPH/DTP/DTaP ☐ Unknown
Date given*	dd/mm/yyyy 📅 Or age when first dose was given ☐ Weeks ☐ Months ☐ Years
Source of information*	☐ Patient/caregiver recall ☐ Documented
Second administered dose:*	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given*	dd/mm/yyyy 📅 Or age when second dose was given ☐ Weeks ☐ Months ☐ Years
Source of information*	☐ Patient/caregiver recall ☐ Documented
Third administered dose:*	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given*	dd/mm/yyyy 📅 Or age when third dose was given ☐ Weeks ☐ Months ☐ Years
Source of information*	☐ Patient/caregiver recall ☐ Documented
Fourth administered dose:*	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given*	dd/mm/yyyy 📅 Or age when fourth dose was given ☐ Weeks ☐ Months ☐ Years
Source of information*	☐ Patient/caregiver recall ☐ Documented
Fifth administered dose:*	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given*	dd/mm/yyyy 📅 Or age when fifth dose was given ☐ Weeks ☐ Months ☐ Years
Source of information*	☐ Patient/caregiver recall ☐ Documented
If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* ☐ Yes ☐ No ☐ Unknown	
If yes, date vaccine was given dd/mm/yyyy 📅	
Management	
CASE MANAGEMENT	
Case excluded from work or school, preschool or childcare for 3 weeks from onset of cough or until they have completed at least 2 days of azithromycin or 5 days of a different antibiotic ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
CONTACT MANAGEMENT	
Contacts under 7 years of age who are not fully immunised, encouraged to be immunised ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Were there any household contacts less than 1 year old? ☐ Yes ☐ No ☐ Unknown	
If yes, how many household contacts	
If yes, how many have had pertussis already (current or recent)	
If yes, how many were offered erythromycin	
Comments*	