

CASE REPORT FORM

Pertussis

	EpiSurv No.
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Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification



Reporting source* Report Src ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory
☐ Self-notification ☐ Outbreak Investigation ☐ Other

Name of reporting source ReportName Organisation ReportOrganisation

Date reported* ReportDate Laboratory sample date SampleDate Contact phone ReportPhone

Usual GP UsualGP Practice GPPracticeName GP phone GPPhone

GP/Practice address Number Street Suburb

GpAddress Town/City Post Code ☐ GeoCode

Case Identification



Name of case* Surname Given Name(s)

NHI number* NHINumber Email Email

Current address* Number Street Suburb

Town/City Post Code ☐ GeoCode

Phone (home) PhoneHome Phone (work) PhoneWork Phone (other) PhoneOther

Case Demography

Location TA* TA DHB* DHB

Date of birth* DateOfBirth OR Age Age ☐ Days ☐ Months ☐ Years AgeUnits

Sex* Sex ☐ Male ☐ Female ☐ Unknown ☐ Other

Occupation* Occupation

Occupation location Occupation_place_type (main) ☐ Place of Work ☐ School ☐ Pre-school

Name occupation_place_name (main)

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Alternative location Occupation_place_type (Alternative) ☐ Place of Work ☐ School ☐ Pre-school

Name occupation_place_name (Alternative)

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Ethnic group case belongs to* (tick all that apply)



- | | | | |
|--|--|--|--|
| <input type="checkbox"/> NZ European EthNZEuroean | <input type="checkbox"/> Maori EthMaori | <input type="checkbox"/> Samoan EthSamoan | <input type="checkbox"/> Cook Island Maori EthCookIslandMaori |
| <input type="checkbox"/> Niuean EthNiuean | <input type="checkbox"/> Chinese EthChinese | <input type="checkbox"/> Indian EthIndian | <input type="checkbox"/> Tongan EthTongan |
| <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) EthOther *(specify) EthSpecify1 EthSpecify2 | | | |

Pertussis	EpiSurv No.
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description* FitClinDes <div style="float: right; text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </div>	
Clinical Features	
Cough (any duration)* CoughAny	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, cough for more than 2 weeks Cough	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Paroxysmal cough Paroxysm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Inspiratory whoop CoughWhoop	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Cough ending in vomiting, cyanosis or apnoea CoughVomit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
LABORATORY CRITERIA	
Isolation of <i>Bordetella pertussis</i> * Isolation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Detection of <i>B. pertussis</i> nucleic acid* NAAT	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
<i>B. pertussis</i> toxin IgG test of >100 IU/ml* IgGgt100	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Significant increase in antibody levels between paired sera* Antibody	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
EPIDEMIOLOGICAL CRITERIA	
Contact with a confirmed case of pertussis* ContCase <div style="float: right; text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </div>	
CLASSIFICATION* Status <div style="float: right; text-align: right;"> <input type="radio"/> Under investigation <input type="radio"/> Suspect <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case i </div>	
Clinical Course and Outcome	
Date of onset* OnsetDt 	<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised* Hosp	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* HospDt 	<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName 	
Died* Died	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date died* DiedDt 	<input type="checkbox"/> Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary <div style="float: right; text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </div>	
If no, specify the primary cause of death* DiedOther 	
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)?* <div style="float: right; text-align: right;"> Outbrk <input type="checkbox"/> Yes If yes, specify Outbreak No.* OutbrkNo </div>	
Risk Factors	
Attendance at school, pre-school or childcare~ AttendSch <div style="float: right; text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </div>	
Other risk factors for disease~ RiskOthSpecify <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>	

Pertussis	EpiSurv No. <input style="width: 100px;" type="text"/>
Protective Factors	
At any time prior to onset, had the case been immunised with pertussis - <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown containing vaccine?* Immunised	
If yes, specify vaccine details*	
First administered dose:* FirstDose <input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Unknown Date given* DtFirstDose <input type="checkbox"/> Or age when first dose was given AgeFirstDose <input type="checkbox"/> YMWFirstDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years Source of information* SceFirstDose <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
Second administered dose:* SecndDose <input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown Date given* DtSecndDose <input type="checkbox"/> Or age when second dose was given AgeSecndDose <input type="checkbox"/> YMWSecndDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years Source of information* SceSecndDose <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
Third administered dose:* ThirdDose <input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown Date given* DtThirdDose <input type="checkbox"/> Or age when third dose was given AgeThirdDose <input type="checkbox"/> YMWThirdDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years Source of information* SceThirdDose <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
Fourth administered dose:* FourthDose <input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown Date given* DtFourthDose <input type="checkbox"/> Or age when fourth dose was given AgeFourthDose <input type="checkbox"/> YMWFourthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years Source of information* SceFourthDose <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
Fifth administered dose:* FifthDose <input type="radio"/> DTPH/DTP/DTaP <input type="radio"/> Not Given <input type="radio"/> Unknown Date given* DtFifthDose <input type="checkbox"/> Or age when fifth dose was given AgeFifthDose <input type="checkbox"/> YMWFifthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years Source of information* SceFifthDose <input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented	
If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* <input type="radio"/> <input type="radio"/> <input type="radio"/> If yes, date vaccine was given DtMotherVacc <input style="width: 100px;" type="text"/>	
Management	
CASE MANAGEMENT Case excluded from work or school, pre-school 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 Excluded <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown	
CONTACT MANAGEMENT Contacts under 7 years of age who are not fully immunised, encouraged to be immunised ImmuContacts <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown Were there any household contacts less than 1 year old? ContactLT1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, how many household contacts NoHouse <input style="width: 50px;" type="text"/> If yes, how many have had pertussis already (current or recent) NoHadPertus <input style="width: 50px;" type="text"/> If yes, how many were offered erythromycin NoOfferEryth <input style="width: 50px;" type="text"/>	
Comments*	
Comments <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	