CASE REPORT FORM

Pertussis

EpiSurv No.

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)

EpiSurv No.

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 *Bordetella pertussis* (culture)*	○ Yes	○ No	○ Not Done	○ Awaiting Results	○ Unknown
Detection of *Bordetella pertussis* 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~

EpiSurv No.

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

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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

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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

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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

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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

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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

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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*