

Pertussis

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control
 Infectious Disease Epidemiology Program
 Phone: 304-558-5358 or 800-423-1271 in West Virginia
 Fax: 304-558-8736

Investigation Information

* indicates required fields

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name*	First Name*	Middle Initial
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Street Address

City	County	State West Virginia	Zip
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Is the patient's residence a:

Correctional Facility (Specify) _____ Long Term Care Facility (Specify) _____
 Shelter or Group Home (Specify) _____ None of the above

Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.	Report Date mm/dd/yyyy
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Parent / Guardian Information

Last Name	First Name	Middle Initial	Relationship to Patient
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Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address

City	County	State West Virginia	Zip
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Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.
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Patient Demographic Information

* indicates required fields

Sex

Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____

Date of Birth* mm/dd/yyyy	Age	Age Units <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
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Patient Demographic Information cont.

Ethnicity
 Hispanic or Latino *Not Hispanic or Latino* *Unknown* *Failure to report ethnicity/missing ethnicity*

Race
 (Check all that apply)
 American Indian or Alaska Native *Asian*
 Black or African American *Native Hawaiian or Other Pacific Islander* _____
 White *Unknown*
 Failure to report race/missing race *Some Other Race* _____

Outcome and Clinical Information

Date of onset of symptoms mm/dd/yyyy	Date of diagnosis mm/dd/yyyy
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Was patient hospitalized for this disease? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Name of Hospital	Date of Admission mm/dd/yyyy	Days Hospitalized
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Patient outcome from this disease: <input type="radio"/> <i>Died</i> <input type="radio"/> <i>Survived</i> <input type="radio"/> <i>Unknown</i>	Date of Death mm/dd/yyyy
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Any Cough? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Cough Onset Date mm/dd/yyyy	Paroxysmal Cough? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Apnea? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>
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Whoop? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Posttussive Vomiting? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>
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Were Antibiotics Given? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>

First Antibiotic Received <input type="radio"/> <i>Erythromycin (incl. pediazole, ilosone)</i> <input type="radio"/> <i>Cotrimoxazole (bactrim/septra)</i> <input type="radio"/> <i>Clarithromycin/azithromycin</i> <input type="radio"/> <i>Tetracycline/Doxycycline</i> <input type="radio"/> <i>Amoxicillin/Ampicillin/Augumentin/Ceclor/Cefixime/Penicillin</i> <input type="radio"/> <i>Other (specify):</i> _____ <input type="radio"/> <i>Unknown</i>

Date Started First Antibiotic mm/dd/yyyy	Days First Antibiotic Actually Taken (0-98; 99=Unknown)
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Second Antibiotic Received <input type="radio"/> <i>Erythromycin (incl. pediazole, ilosone)</i> <input type="radio"/> <i>Cotrimoxazole (bactrim/septra)</i> <input type="radio"/> <i>Clarithromycin/azithromycin</i> <input type="radio"/> <i>Tetracycline/Doxycycline</i> <input type="radio"/> <i>Amoxicillin/Ampicillin/Augumentin/Ceclor/Cefixime/Penicillin</i> <input type="radio"/> <i>Other (specify):</i> _____ <input type="radio"/> <i>Unknown</i>
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Date Started Second Antibiotic mm/dd/yyyy	Days Second Antibiotic Actually Taken (0-98; 99=Unknown)
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Chest X-ray for Pneumonia <input type="radio"/> <i>Negative</i> <input type="radio"/> <i>Not Done</i> <input type="radio"/> <i>Positive</i> <input type="radio"/> <i>Unknown</i>	Seizures Due to Pertussis <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>	Acute Encephalopathy Due to Pertussis <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Unknown</i>
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Laboratory Information

Was Laboratory Testing for Pertussis Done?
 Yes No Unknown

Type of Test	Result	Date Specimen Taken
	(select one)	mm/dd/yyyy
Culture		
DFA		
Serology 1		
Serology 2		
PCR		

Laboratory Name	Phone ###-###-####	Ext.	Fax Number ###-###-####
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Address

State: West Virginia	Zip:
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Reporting Source

Last Name	First Name
Phone ###-###-####	Ext.
	Fax ###-###-####

Facility
Address

City	State West Virginia	Zip
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E-mail

Provider with Further Patient Information

Last Name	First Name
Phone ###-###-####	Ext.
	Fax ###-###-####

Address

City	State West Virginia	Zip
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Public Health Investigation

Name of Person Interviewed	Relationship to Patient	Date reported to public health mm/dd/yyyy
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Epidemiologic Information

Date First Reported to a Health Department. mm/dd/yyyy		Date Case Investigation Started mm/dd/yyyy	
Epi-linked? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Age of person from whom this case contracted Pertussis?		Age (units) <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years	
Where did this patient acquire pertussis?			
Transmission Setting? (Where did this patient acquire Pertussis?)			
<input type="radio"/> Church	<input type="radio"/> College	<input type="radio"/> Correctional Facility	<input type="radio"/> Daycare
<input type="radio"/> Doctor's Office	<input type="radio"/> >1 Setting Outside Household	<input type="radio"/> No Documented Spread Outside Household	<input type="radio"/> Hospital Ward
<input type="radio"/> Hospital ER	<input type="radio"/> Hospital Outpatient Clinic	<input type="radio"/> Military	<input type="radio"/> School
<input type="radio"/> Travel (International)	<input type="radio"/> Work	<input type="radio"/> Unknown	<input type="radio"/> Home
<input type="radio"/> Other _____			
In which setting was there secondary spread (Outside household)			
<input type="radio"/> Church	<input type="radio"/> College	<input type="radio"/> Correctional Facility	<input type="radio"/> Daycare
<input type="radio"/> Doctor's Office	<input type="radio"/> >1 Setting Outside Household	<input type="radio"/> No Documented Spread Outside Household	<input type="radio"/> Hospital Ward
<input type="radio"/> Hospital ER	<input type="radio"/> Hospital Outpatient Clinic	<input type="radio"/> Military	<input type="radio"/> School
<input type="radio"/> Travel (Intl/Domestic)	<input type="radio"/> Work	<input type="radio"/> Unknown	<input type="radio"/> Other _____

