### BASIS OF DIAGNOSIS

**CLINICAL DATA**
- Symptomatic: □ yes □ no □ refused □ unknown
  - Earliest cough: ___/___/___
  - Paroxysmal: ___/___/___
  - Diagnosis: ___/___/___
- Any cough: □ yes □ no □ refused □ unknown
- Paroxysmal/spasmodic cough: □ yes □ no □ refused □ unknown
- Whoop: □ yes □ no □ refused □ unknown
- Apnea: □ yes □ no □ refused □ unknown
- Cyanosis: □ yes □ no □ refused □ unknown
- Cold-like symptoms: □ yes □ no □ refused □ unknown
- Post-tussive vomiting: □ yes □ no □ refused □ unknown
- Cough at last interview: □ yes □ no □ refused □ unknown
- Duration of cough (#days) at final interview: ____
- CXR for pneumonia: □ positive □ negative □ not done □ unknown □ refused
- Generalized or local seizures: □ yes □ no □ refused □ unknown
- Acute encephalopathy: □ yes □ no □ refused □ unknown

### DEFINITIONS
- Paroxysmal/spasmodic cough: repeated violent coughs
- Whoop: high-pitched inspiratory noise
- Apnea: prolonged breathlessness; exclude cyanotic episodes after coughing paroxysms
- Cyanosis: Paleness or blueness occurring after coughing paroxysm
- Cold-like symptoms: you know, like a cold
- Post-tussive vomiting: following coughing paroxysm
- Positive chest X-ray for pneumonia: exclude other x-ray abnormality
- Acute encephalopathy: acute neurologic or mental function impairment (exclusive of seizures or postictal state)
CASE'S NAME

BASIS OF DIAGNOSIS, CONT.

Deceased: □ yes □ no date of death _____/____/____

Caused: ____________________________________________
□ related to disease □ unrelated to disease □ unk

Hospitalized: □ yes □ no □ unk
Name __________________________
admit date _____/____/____ □ ICU
discharge date _____/____/____

admit date _____/____/____ □ ICU
discharge date _____/____/____

LABORATORY DATA □ None
Laboratory Name __________________________
Collection date _____/____/____ Report date _____/____/____
Specimen type: □ NP swab □ NP aspirate
Test type: □ PCR □ Culture
Result: □ Indeterminate □ Positive □ Negative □ Not done □ Unknown
Laboratory Name __________________________
Collection date _____/____/____ Report date _____/____/____
Specimen type: □ NP swab □ NP aspirate
Test type: □ PCR □ Culture
Result □ Indeterminate □ Positive □ Negative □ Not done □ Unknown

Vaccinated: □ yes □ no □ unk
if not vaccinated, why not?
□ Religious exemption □ Medical contraindication
□ Philosophical exemption □ Lab confirmation of previous disease
□ MD diagnosis of previous disease □ Under age for vaccine
□ Parental refusal

□ Forgot □ Inconvenience □ Too expensive □ Concurrent illness
□ Other __________________________
□ Not applicable □ Unknown

TREATMENT

Drug name __________________________ Size/dose/frequency __________________________
Start date _____/____/____ End date _____/____/____

TREATMENT

Drug name __________________________ Size/dose/frequency __________________________
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Drug name __________________________ Size/dose/frequency __________________________
Start date _____/____/____ End date _____/____/____

TREATMENT

Drug name __________________________ Size/dose/frequency __________________________
Start date _____/____/____ End date _____/____/____

Comments:

EPI-LINKAGE

During the exposure period, was the patient
□ associated with a known outbreak
□ a close contact of a another case □ yes □ no □ unk Related case MUST be confirmed.

Epi-link □ household □ sporadic □ outbreak

Has the case been reported □ yes □ no □ unk

Outbreak ID __________________________

IMMUNIZATION HISTORY

Up to date for pertussis □ yes □ no □ unk Received Tdap □ yes □ no □ unk

Vaccine __________________ Date __________
Source choose one: ALERT / Provider / Verbal (Shot card) / Verbal (not verified)

________________________

________________________

________________________

________________________

________________________

**If you access to ALERT, please print the vaccination history and staple to this form.

INFECTION TIMELINE

Enter onset date of cough in heavy box. Count forwards and backwards to figure probable exposure and communicable periods.

Interviewed: □ yes □ no

If no, reason □ not indicated □ unable to reach □ out of jurisdiction □ deceased □ refused □ no (medical record review) □ no (physician/icp review)

Who: □ patient □ provider □ parent □ other

Final interview date: _____/____/____

2
POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Identify possible exposures in the 7-20 days prior to onset:

- Contact of possible case: [ ] yes [ ] no [ ] refused [ ] unknown

Places where exposed:

- [ ] daycare
- [ ] school
- [ ] doctor's office
- [ ] hospital ward
- [ ] hospital ER
- [ ] outpatient clinic
- [ ] home
- Other risk

Specify details of any potential exposures, giving relevant dates, locations, contact persons, phone numbers, etc. Attach additional sheets if necessary.

Travel outside the home area: [ ] yes [ ] no [ ] refused [ ] unknown

When ___________________________

Where ______________________________________

FOLLOW-UP

Contact with infants: [ ] yes [ ] no [ ] refused [ ] unknown

Contact with pregnant women in 3rd trimester: [ ] yes [ ] no [ ] refused [ ] unknown

Daycare contacts of case if there is an infant or pregnant woman in 3rd trimester: [ ] yes [ ] no [ ] refused [ ] unknown

All household contacts of case where there is an infant or pregnant woman in 3rd trimester: [ ] yes [ ] no [ ] refused [ ] unknown

Other contacts (pediatric healthcare workers, unimmunized contacts, other pregnant women, high risk contacts of suspect cases):

[ ] yes [ ] no [ ] refused [ ] unknown

Which setting the case may have exposed others:

- [ ] daycare
- [ ] school
- [ ] doctor's office
- [ ] hospital ward
- [ ] hospital ER
- [ ] outpatient clinic
- [ ] home
- Other risk

CONTACT MANAGEMENT

If the case is an infant, and the contact is the mother, ask the following questions:

Have you ever been vaccinated with Tdap? [ ] yes [ ] no [ ] mom not available for interview [ ] unk

Were you vaccinated with Tdap during pregnancy with case infant? [ ] yes [ ] no [ ] mom not available for interview [ ] infant adopted or in foster care [ ] unk

If yes, what trimester: [ ] 1st [ ] 2nd [ ] 3rd [ ] unk

If mother wasn't vaccinated during pregnancy with case infant, why not? [ ] doesn't recall physician offering, [ ] declined Tdap during pregnancy, [ ] vaccinated following pregnancy, [ ] vaccinated prior to pregnancy, [ ] other: specify__________________________ [ ] unk

Be sure to enter Tdap info below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Vax name</th>
<th>Source choose one: ALERT Provider Verbal (Shot card) Verbal (not verified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Use this page for contacts other than mothers of infant cases.

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First, Middle [not initials] and Last)</td>
<td></td>
</tr>
<tr>
<td>Date of birth or years of age</td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td>High risk</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Sex</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Relation to case*</td>
<td></td>
</tr>
<tr>
<td>Sick</td>
<td>□ Yes □ No if yes, onset date <strong>/</strong>/__</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Date identified</td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td>Prophy recommended?</td>
<td>□ Yes □ No □ Already on antibiotics date recommended <strong>/</strong>/__</td>
</tr>
<tr>
<td>Education provided?</td>
<td>□ Yes □ No if yes date provided <strong>/</strong>/__</td>
</tr>
<tr>
<td>Immunization** (date and vaccine type)</td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td>Date of swab (if done) and results</td>
<td><strong>/</strong>/__ □ Indeterminate □ Positive □ Negative □ Not done □ Unknown</td>
</tr>
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<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

*babysitter, coworker, daycare, father, friend, infant, medical, mother, mother [not biological], other, other household, preschool, school, sibling, unborn baby

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</tr>
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