

NAME (Last, First)		Hospital Record No.	
Address (Street and No.)		City	County DEM165 Zip DEM163 Phone
Reporting Physician/Nurse/Hospital/Clinic/LabPhone		Address Phone	

DETACH HERE and transmit only lower portion if sent to CDC

CDC NETSS id 77997-5		County DEM165		State DEM162		Zip DEM163	
Birth Date DEM115		Age 77998-3		Age Type INV2002		Race DEM152	
Event Date		Event Type 1=11368-8		Outbreak Associated		Reported 77995-9	
Month Day Year		1 = Onset 2 = Diagnosis 3 = Lab Test 4 = Reported		999 = Unknown		Report Status 77990-0	
Month Day Year		1 = 0-12 years 2 = 0-11 months 3 = 0-52 weeks 4 = 0-28 days 9 = Age Unknown		N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown	
Month Day Year		1 = 11368-8 2 = 77975-1 3 = LAB108		4 = 77972-8 5 = 77973-6		H = Hispanic N = Not Hispanic U = Unknown	
Month Day Year		1 = Onset 2 = Diagnosis 3 = Lab Test 4 = Reported		999 = Unknown		M = Male F = Female U = Unknown	

Any Cough? 49727002		Cough Onset 85932-2		Paroxysmal Cough? 43025008		Whoop? 60537006	
U = Unknown		Month Day Year		Y = Yes N = No U = Unknown		U = Unknown	
Posttussive Vomiting? 424580008		Apnea 1023001		Final Interview Date INV555			
Y = Yes N = No U = Unknown		Y = Yes N = No U = Unknown		Month Day Year			
Cough at Final Interview? PRT008		Duration of Cough at Final Interview 85933-0					
Y = Yes N = No U = Unknown		0-150 999 = Unknown Days					

Chest X-ray for Pneumonia INV923		Seizures Due to Pertussis 91175000	
P = Positive N = Negative U = Unknown		Y = Yes N = No U = Unknown	
Acute Encephalopathy Due to Pertussis 81308009			
Y = Yes N = No U = Unknown			
Hospitalized? 77974-4		Days Hospitalized? 78033-8	
Y = Yes N = No U = Unknown		999 = Unknown	
Died? 77978-5		Y = Yes N = No U = Unknown	

Were Antibiotics Given? 29303-5		Date Started First Antibiotic 86948-7	
Y = Yes N = No U = Unknown		Month Day Year	
1 = Erythromycin (mcr. penicillin, ilosone) 2 = Cotrimoxazole (bactrim/septrin) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceftriaxone		Days First Antibiotic Actually Taken 67453-1	
6 = Other 9 = Unknown		0-998 999 = Unknown	
Second Antibiotic Received 29303-5			
See Choices for First Antibiotic Given			
Date Started Second Antibiotic 86948-7		Days Second Antibiotic Actually Taken 67453-1	
Month Day Year		0-998 999 = Unknown	

Was Laboratory Testing for Pertussis Done? LAB630		Result		Date Specimen Taken	
Y = Yes N = No U = Unknown		Month Day Year		Month Day Year	
549-6 Culture		68963-8			
550-4 DFA					
20992-4 Serology 1					
23826-1 PCR					
INV291					
RESULT CODES P = Positive E = Pending X = Not Done U = Unknown N = Negative I = Indeterminate S = Parapertussis					

Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines) VAC126	
Y = Yes N = No U = Unknown	
Vaccination Date 30952-6	
Month Day Year	
Vaccine Type* 30956-7	
Vaccine Manuf* 30957-5	
Lot Number 30959-1	
Month Day Year	
Vaccine Type Codes W = DTP Whole Cell A = DTPa H = DTPa-Hib D = DT or Td T = DTP-Hib P = Pertussis Only X = Tdap	
Vaccine Manufacturer Codes C = Sanofi Pasteur L = Wyeth S = GlaxoSmithKline M = Massachusetts Health Department I = Michigan Health Department N = North American Vaccine O = Other U = Unknown	
Date of Last Pertussis-Containing Vaccine Prior to Illness Onset VAC142	
Month Day Year	
Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset 82745-1	
0-6 9 = Unknown	

Date First Reported to a Health Department 77970-2		Date Case Investigation Started 77979-3	
Month Day Year		Month Day Year	
Outbreak Related? 77980-1		Epi-Linked? INV927	
Y = Yes N = No U = Unknown		Y = Yes N = No U = Unknown	
Outbreak Name (Name of outbreak this case is associated with) 77981-9			
If patient <12 months old: 85724-3			
What was the mother's age at infant's birth: 56056-5			
What was the weight of the infant at birth: 56056-5			
lb oz OR kg g			
Transmission Setting (Where did this patient acquire pertussis?) 81267-7			
1 = Day Care 2 = School 3 = Doctor's Office 4 = Hospital Ward 5 = Hospital ER			
6 = Hosp. Outpatient Clinic 7 = Home 8 = Work 9 = Unknown 10 = College			
11 = Military 12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other			
Setting (Outside Household) of Further Documented spread From This Case INV561			
Use same codes as for Transmission Settings, except: 7 = >1 Setting Outside Household 16 = No Documented Spread Outside Household			

Reason Not Vaccinated With ≥ 3 Doses of Pertussis Vaccine VAC149	
1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Exemption 4 = Previous Pertussis Confirmed by Culture or MD	
5 = Parental Refusal 6 = Age Less Than 7 Months 7 = Other 9 = Unknown	

Number of Contacts in Any Setting Recommended Antibiotics INV562	
0-998 999 = Unknown	

