

Manitowoc County Health Department

Phone: (920)683-4155 Fax: (920)683-4156

Pertussis Case Report Form

Revised 03/28/2016

<u>Name of Patient (Last, First, Middle Initial)</u>			<u>Street Address</u>		<u>City</u>
<u>State</u>	<u>Zip Code</u>	<u>County</u>	<u>Name of Parent or Legal Guardian</u>		<u>Telephone Number</u>
<u>Date of Birth (mm/dd/yyyy)</u>	<u>Gender</u>	<u>Race</u>		<u>Ethnicity</u>	
<u>Age</u>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 1 Native American / Alaskan Native <input type="checkbox"/> 2 Asian / Pacific Islander <input type="checkbox"/> 3 African American	<input type="checkbox"/> 5 White <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 1 Hispanic <input type="checkbox"/> 2 Non-Hispanic <input type="checkbox"/> 9 Unknown	
<u>Name of School / Day Care / Employer</u>			<u>Culture/PCR</u> Was patient tested for <i>Bordetella pertussis</i> ? PCR? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Culture? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ (Both a PCR and culture are recommended when testing for pertussis.)		

Attention Health Care Provider: The information on this form is to be completed and faxed to the Manitowoc County Health Dept. (920-683-4156) **within 24 hours** on any patients meeting the following criteria –

- ❖ Any patient tested (PCR and/or culture) for *Bordetella pertussis*
- ❖ Any patient exhibiting symptoms of pertussis and prescribed antibiotic treatment (*if testing was not done, please fax copy of notes from patient's visit as well*)
- ❖ Any patients needing antibiotic treatment due to an exposure to pertussis

If you have questions or concerns, please contact our office at (920)683-4155. Thank you.

Reporting **Clinic** Name and City: _____

Reporting **Physician** Name (please print legibly): _____

Name of **CLINIC Contact Person** and **DIRECT Phone Number** (if we have questions): _____

Symptoms

Symptomatic? Yes No

Date *catarrhal (cold-like) symptoms* started: _____

Date *catarrhal (cold-like) cough* started: _____ Paroxysmal cough: Yes No Whoop: Yes No

Sleep disturbance: Yes No Apnea: Yes No Vomiting: Yes No

Exposure:

Was patient exposed to a known or suspect case of pertussis? Yes No If yes, please provide as much information as possible about source of exposure (if there was no exposure, feel free to utilize this extra space for **additional comments**): _____

Home Isolation: If patient is symptomatic, did you instruct them that they **must** be on 5 day home isolation? Yes No (Anyone symptomatic and on treatment, **MUST** be on home isolation for the first 5 days of appropriate treatment.)

Treatment: Note – The antimicrobial agents and dosages used for chemoprophylaxis of contacts are the same as that recommended for treatment of a clinical case.

Were antibiotics given? Yes No If yes, what **date** were antibiotics **started**? _____ Dosage: _____

Number of **days** antibiotics are to be taken: _____ Check below as to which antibiotic was prescribed:

- Azithromycin Infants <6 months: 10mg/kg per day for 5 days.
Infants ≥6 months and children: 10 mg/kg (maximum 500 mg) day 1, followed by 5mg/kg per day (max. 250 mg) on days 2-5.
Adults 500 mg day 1, followed by 250 mg per day on days 2-5.
- Clarithromycin Infants < 1 month: not recommended.
Infants ≥1 month and children: 15 mg/kg per day (maximum 1 g per day) in 2 divided doses each day for 7 days.
Adults 1 g per day in 2 divided doses for 7 days.
- Erythromycin Infants < 1 month: not preferred.
Infants ≥1 month and older children: 40-50 mg/kg per day (maximum 2 g per day) in 4 divided doses for 14 days.
Adults 2 g per day in 4 divided doses for 14 days.
- Trimethoprin-Sulfamethoxazole (TMP-SMZ) Alternative treatment for patients who have contraindications to the use of macrolides.
Infants < 2 months: contraindicated.
Infants ≥2 months and children: trimethoprim 8mg/kg per day, sulfamethoxazole 40 mg/kg per day in 2 divided doses for 14 days.
Adults trimethoprim 320 mg per day, sulfamethoxazole 1,600 mg per day in 2 divided doses for 14 days.