. Pertussis case investigation form

PAPUA NEW GUINEA NATIONAL DISEASE SURVEILLANCE SYSTEM
Pertussis Case Investigation Form
Name of Health Facility: _____ Province: _____District _____ EPID NO:_____
Person Reporting: _____Date of Report: ___ / ____ / ____ Date of investigation: ___ / ___ / ___

A) Patient Details

1.	Surname: _____ First name: _____
2.	Sex: Male □ Female □
3.	Date of birth: _____/_____/_____ Age: _____ Years □ Months □ Weeks □ Days □

B) Clinical History of Patient

Symptoms:

4. Date of first symptom onset: _____/_____/_____

5. Please indicate whether the following symptoms were present:

Cough: Yes □ No □ Not known □	Duration of cough: _____ days			
Paroxysmal cough (rapid and numerous bouts of cough):		Yes □	No □	Not known □
Inspiratory whoop (high pitch gasp for air after bouts of cough):		Yes □	No □	Not known □
Post-tussive vomiting (vomiting after bouts of cough):		Yes □	No □	Not known □
Apnoea (infants aged <1 year only, stopping breathing for short periods):		Yes □	No □	Not known □

Other symptoms: Yes □ No □ Not known □ Specify: _____

6. Was the patient clinically suspected to have pertussis infection: Yes □ No □ Not known □

Underlying medical conditions:

7. Please indicate if this patient has any underlying medical conditions:
Chronic respiratory disease (incl. asthma) □ Chronic heart disease □ Diabetes □ Pregnant □
HIV infection□ TB □ Immunosuppression (e.g. chemotherapy, organ transplant) □
Other medical condition: Yes □ No □ Specify: _____

Treatment:

8. Did the patient receive azithromycin or another macrolide? Yes □ No □ Not known □	
If yes, was this: For prevention: Yes □ No □ Not known □	Date started: _____/_____/_____
For treatment: Yes □ No □ Not known □	Date started: _____/_____/_____
9. Was the patient admitted to hospital? Yes □ No □ Not known □ If yes, which hospital_____	Date admitted: _____/_____/_____
Outcome:	
10. Please indicate the outcome of the patient:	
Still hospitalized □ Discharged □ Died □ Not known □	Date of outcome: _____/_____/_____

C)Vaccination history of case

11. Was patient immunized against pertussis before symptom onset? Yes □ No □ Not known □

If yes, how many doses of pertussis-containing vaccines did he/she receive?

1st dose _____/_____/_____ 2nd dose _____/_____/_____ 3rd dose _____/_____/_____

4th dose _____/_____/_____

D)Vaccination history of mother (please complete for infants aged less than 1 year)

12. Was the mother immunised against pertussis during pregnancy: Yes □ No □ Not known □	
If yes, date of vaccination _____/_____/_____	
13. Number of weeks gestation at vaccination_____	Not known □
14. Number of weeks gestation at delivery_____	Not known □
15. Mother's date of birth_____/_____/_____	Not known □

E)Contact with other cases of pertussis

16. Did the patient have contact with a suspected or known case of pertussis in the month before symptom onset? Yes □ No □ Not known □
If yes, please specify where the contact took place: Home □ Daycare □ School □ Work □ Hospital □ Other-please specify_____

17. Age of the contact (in years): <1 □ 1-4 □ 5-9 □ 10-14 □ 15-44 □ 45+ □ Not known □	
18. If in the home, was the contact the: Mother □ Father □ Sibling □ Other-please specify _____ Not known □	
Completed by:	Position:
Telephone no:	Email address:
Date:	

For laboratory use only:

Date of specimen collection: _____/_____/_____

Specimen laboratory number: _____

Specimen type: NPS/NPA □ Nasal swab □ NP swab □	Other-please specify _____
Laboratory diagnostic method: PCR □ Culture □ Serology □	Other-please specify _____
Date of laboratory result: _____/_____/_____	