

Name: _____

Jurisdiction: _____

VACCINATION HISTORY: *CDC Objective: 90% of pertussis cases must have a vaccination history reported.*

VACCINATED: Yes No Unknown Number of doses received: _____

1 DTP: ___/___/___ *Type: _____ Manufacturer: _____ Lot #: _____

2 DTP: ___/___/___ Type: _____ Manufacturer: _____ Lot #: _____

3 DTP: ___/___/___ Type: _____ Manufacturer: _____ Lot #: _____

4 DTP: ___/___/___ Type: _____ Manufacturer: _____ Lot #: _____

5 DTP: ___/___/___ Type: _____ Manufacturer: _____ Lot #: _____

6 Tdap: ___/___/___ Type: _____ Manufacturer: _____ Lot #: _____

**Use the following for vaccine type:*

DTaP, DTP, Tdap, Pediarix (DTaP/ IPV/Hep B), Pentacel (DTaP/IPV/ Hib), or Kinrix (DTaP/ IPV)

If not vaccinated or has <3 doses, indicate reason: Religious Exemption Medical Contraindication Under Age Parental Refusal
 Unknown Other: _____

If vaccinated, please indicate:

How many doses of pertussis-containing vaccine were given more than 2 weeks before illness onset? _____

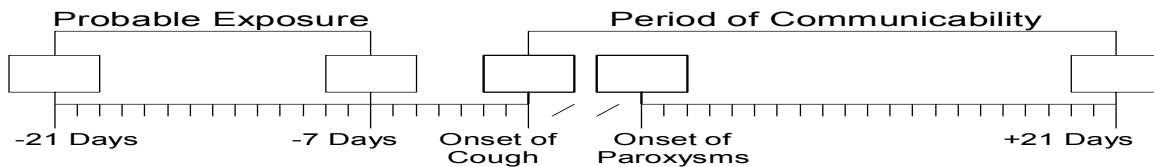
Date of Last Pertussis-Containing Vaccine Before Illness : ___/___/___

***For cases <1, was the mother given Tdap?** At Delivery Postpartum During Pregnancy Unknown

Not Vaccinated during or after pregnancy (within 1 month) Date received: ___/___/___

If date unknown: 2nd Trimester 3rd Trimester Vaccinated at delivery Vaccinated after delivery >1 day

INFECTION TIMELINE: *Enter onset of cough. Count backwards and forwards to enter dates for probable exposure and communicable periods.*



SOURCE OF INFECTION: No exposure identified Close contact with a known or suspected case Household exposure

Name	Age	Cough Onset	How many doses of pertussis-containing vaccine has this suspected source received?	Phone	NBS Case No.
_____	_____	___/___/___	_____ ()	_____	_____

Is case epidemiologically linked to a lab-confirmed case? Yes No Unknown NBS Case # _____

Where did this case acquire pertussis?: Day-care School College Work Home Dr Office Hospital ER

Hospital Inpatient Hospital Outpatient Military Jail Church Travel Unknown Other: _____

Name(s) of Setting: _____

Has any travel occurred within the exposure period? Yes No Unknown If yes, list location: _____

Is case part of an outbreak*? Yes No Unknown If yes, list outbreak name: _____

***Outbreaks must be 3 or more cases in the same setting with cough onsets within a 3 week period**

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COMMENTS/NOTES

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