

Bordetella Pertussis (Whooping Cough) Case Report

Call (or fax) MCDH CD Program to report each suspect or confirmed case of pertussis within 24 hours of receipt.

Phone: (815)334-4500

Fax: (815)334-1884

Reporter Information

- Date of Report: _____ Reporter Name: _____
- Facility Name: _____
- Physician's Name: _____ Phone: _____

CASE INFORMATION

Demographic Information

- Patient's Name: _____
- Age (years): _____ Date of Birth (MM/DD/YY): _____
- Sex (select one): Male Female
- Race (select all that apply): White Black Asian Other
- Ethnicity: Hispanic Non-Hispanic

Contact Information

- Parent's Name(s): _____
- Home Address: _____ City: _____
- Home Phone: _____ Other Phone: _____

Laboratory Tests

- Laboratory used: _____ Collection Date: _____
- Culture Result: _____ PCR Result: _____ Lab Report Date: _____

Disease Information

- Dates of Pertussis containing vaccinations and type (DTaP, Tdap):
_____() _____() _____() _____() _____() _____()
- Date of Cough Onset: _____
- Description of Illness:
 - Paroxysmal Cough: Yes No Onset date of paroxysmal cough: _____
 - Whoop: Yes No
 - Apnea: Yes No
 - Cyanosis: Yes No
 - Nocturnal Cough: Yes No
 - Post-tussive Emesis: Yes No
 - Seizures: Yes No Don't know
 - Acute Encephalopathy: Yes No Don't know
 - Chest X-Ray for pneumonia (findings): _____ Not Done
- Pre-existing Medical Conditions: _____
- Treatment? Yes No Treatment ordered with start date: _____
- Did the student have contact with anyone else who had pertussis recently? Yes No Don't know
 - If yes, please list their contacts and their contact information: _____
 - _____
 - _____
- Was the patient instructed to be excluded from school/work for 5 days? Yes No Don't know