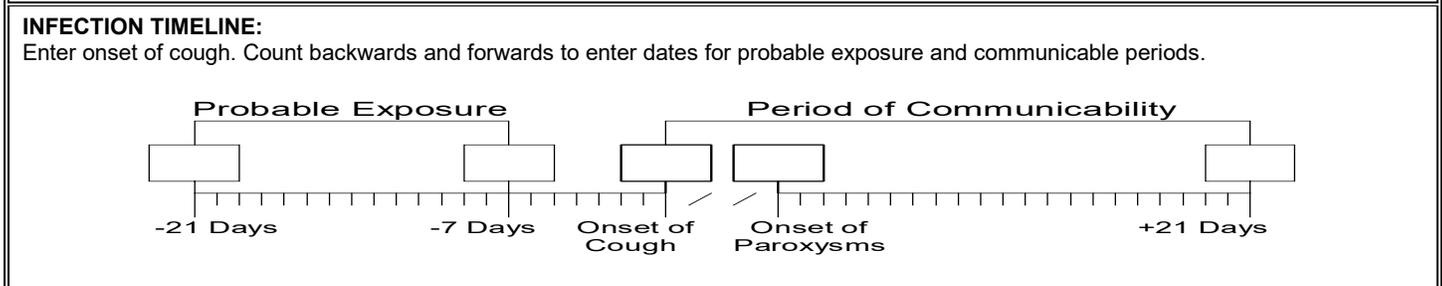


LABORATORY DATA: Was laboratory testing done? Yes No Unknown
LABORATORY: DSHS Other: _____
 Ordering Provider: _____ Reporting Facility: _____
 PCR: Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____
 Culture: Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____
 Other: Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____

VACCINATION HISTORY: *CDC Objective: 90% of pertussis cases must have a vaccination history captured.*
VACCINATED: Yes No Unknown Number of doses received: _____
 1st Dose: ____/____/____ Type: _____ Manufacturer: _____ Lot #: _____
 2nd Dose: ____/____/____ Type: _____ Manufacturer: _____ Lot #: _____
 3rd Dose: ____/____/____ Type: _____ Manufacturer: _____ Lot #: _____
 4th Dose: ____/____/____ Type: _____ Manufacturer: _____ Lot #: _____
 5th Dose: ____/____/____ Type: _____ Manufacturer: _____ Lot #: _____
 6th Dose: ____/____/____ 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 year of age, was the mother given Tdap? Yes / No **Date Received:** ____/____/____
 If yes, when? At Delivery Postpartum During Pregnancy Unknown
 If date is unknown, 2nd Trimester 3rd Trimester Vaccinated at Delivery Vaccinated after delivery >1 day



SOURCE OF INFECTION: No exposure identified Close contact with a known or suspected case: NBS Pt ID: _____
 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: _____
 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: _____

TRANSMISSION LOCATIONS:
 Did the case-patient attend school/daycare? Yes / No
 If yes, which school/daycare? _____ Grade: _____ Teacher: _____
 Last date of attendance: ____/____/____ Date Returned: ____/____/____
 Transportation to school: Walk Carpool Car Bus# _____ Other _____
 After school care: _____ Other after school activities: _____
 Did the case-patient attend any of the following while symptomatic? Sleepover Church Activities Babysit Visit Hospital Patient

