TEXAS Health and Human Services | Texas Department of State Health Services

Infectious Disease Control Unit, Texas Department of State Health Services
P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Pertussis Death Worksheet

FINAL STATUS:
☐ CONFIRMED
☐ PROBABLE

NBS PATIENT ID#: _____

NBS INVESTIGATION ID#: _____

Patient's Name: _____ (last) _____ (first) County: _____ Region: _____

Date of Birth: _____/_____/_____ Country of Birth: _____ Gestational age at birth (if less than <1 year of age only): ___ weeks

Deceased date: _____/_____/_____ Cough onset date: _____/_____/_____

SEX: ☐ Male ☐ Female ☐ Unknown

RACE: ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian or Other Pac. Islander ☐ Am. Indian or Alaska Native ☐ Unknown ☐ Other: _____

HISPANIC: ☐ Yes ☐ No ☐ Unknown

Clinical Symptoms, Complications, Lab Testing, and Epidemiologic Linkage

Clinical Symptoms:

☐ Cough ☐ Paroxysms ☐ Post-tussive vomiting ☐ Whoop ☐ Apnea ☐ Cyanosis ☐ Fever ☐ Rhinorrhea
☐ Other: _____ ☐ None

Cough duration: _____days ☐ Unknown

Complications experienced:

☐ Pneumonia ☐ Encephalopathy ☐ Seizures ☐ Lymphocytosis ☐ Other: _____ ☐ None

Respiratory Support:

	Yes/No	*Date Started*
Supplemental O2 without intubation e.g. mask		
Supplemental O2 via endotracheal intubation		
Continuous mechanical ventilation		
High Frequency Oscillatory Ventilation		
Extra Corporeal Membrane Oxygenation		

Hospitalized:

☐ Yes ☐ No ☐ Unknown

If yes, please list the admission date(s) and discharge dates/transfer dates for this illness in chronological order.

Hospital Name	Date of Admission	Date of discharge/transfer	Diagnosis

Pertussis Laboratory results:

Was laboratory testing done? ☐ Yes ☐ No ☐ Unknown

LABORATORY: ☐ DSHS ☐ Other: _____

☐ PCR: Date specimen collected: _____/_____/_____ Result: _____

☐ Culture: Date specimen collected: _____/_____/_____ Result: _____

☐ IgM: Date specimen collected: _____/_____/_____ Result: _____

☐ IgG: Date of acute specimen: _____/_____/_____ Result: _____

Date of convalescent specimen: _____/_____/_____ Result: _____

☐ IgA: Date of acute specimen: _____/_____/_____ Result: _____

☐ IgG: Date of acute specimen: _____/_____/_____ Result: _____

☐ Respiratory Panel _____

☐ Other: _____

TEXAS Health and Human Services | Texas Department of State Health Services
Infectious Disease Control Unit, Texas Department of State Health Services
P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Other Laboratory results:

Specimen	Collection Date	Culture Result	PCR	DFA	ELISA
RSV					
Adenovirus					
Influenza					
Parainfluenza					
Other (specify pathogen)					
Blood					

	Date	Count		
Total WBC Count (Initial)			% Lymphocyte	
Highest WBC Count			% Lymphocyte	

Treatments/Interventions:

☐ Antibiotics *Start date:* ____ / ____ / _____
☐ Intubation *Start date:* ____ / ____ / _____
☐ ECMO *Start date:* ____ / ____ / _____
☐ Other (specify): _____ *Start date:* ____ / ____ / _____
☐ None
☐ Unknown

Epi-linked:

☐ Yes, NBS ID_____ Relationship to case: _____
☐ No ☐ Unknown
Part of outbreak? ☐ Yes, outbreak name: _____ ☐ No ☐ Unknown

Family History:

Family history of cough? ☐ Yes ☐ No ☐ Unknown
What was mother's age at time of patient's onset of coughing due to pertussis? ____ years
At the time of patient's birth, did the mother have an immune-suppressed or a chronic underlying medical condition?
☐ Yes, condition: _____ ☐ No ☐ Unknown

Underlying Health Issues:

☐ None ☐ Unknown
Please select any chronic or acute health condition that the decedent had prior to his/her pertussis infection

☐ AIDS or CD4 count <200	☐ Emphysema/COPD	☐ Peripheral neuropathy
☐ Alcohol abuse, current	☐ Heart failure/CHF	☐ Plegias/paralysis
☐ Alcohol abuse, past	☐ HIV infection	☐ Pulmonary hypertension
☐ Aspiration, history of	☐ Hodgkin's Disease/lymphoma	☐ Reactive airway disease
☐ Asthma	☐ Immunoglobulin deficiency	☐ Seizure/seizure disorder
☐ Atherosclerotic Cardiovascular Disease/CAD	☐ Immunosuppressive therapy (steroids, chemo, radiation)	☐ Sickle cell anemia
☐ Bone marrow transplant (BMT)	☐ IVDU, current	☐ Smoking, current
☐ Bronchopulmonary dysplasia (BMD), history of (also called chronic lung disease (CLD))	☐ IVDU, past	☐ Smoking, past
☐ Cerebral vascular accident/stroke	☐ Leukemia	☐ Solid organ malignancy
☐ Chronic kidney disease	☐ Multiple myeloma	☐ Solid organ transplant
☐ Cirrhosis/liver failure	☐ Multiple sclerosis	☐ Splenectomy/asplenia
☐ Complement deficiency	☐ Nephrotic syndrome	☐ Systemic lupus erythematosus (SLE)
☐ Congenital heart disease	☐ Neuromuscular disorder	☐ Other chronic lung conditions
☐ Current chronic dialysis	☐ Obesity	☐ Other prior illnesses:
☐ Cystic fibrosis	☐ Other drug use, current	_____
☐ Dementia	☐ Other drug use, past	_____
☐ Diabetes mellitus	☐ Parkinson's Disease	_____

Current = within the previous 12 months. Past = more than 12 months ago.

Co-infections and other Diagnoses:

☐ None ☐ Unknown
Please select any diagnoses or other infections identified via laboratory testing during the decedent's pertussis illness.

☐ Respiratory Syncytial Virus (RSV)	☐ Influenza B	☐ Other:
☐ Rhinovirus	☐ Parainfluenza	☐ Other:
☐ Coronavirus	☐ human Metapneumovirus (hMPV)	☐ Other:
☐ Influenza A	☐ Adenovirus	

TEXAS Health and Human Services | Texas Department of State Health Services

Infectious Disease Control Unit, Texas Department of State Health Services
P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Decedent Vaccination History:

☐ Unvaccinated ☐ Unknown

Dose	Vaccine (DTP, Dtap, Tdap, etc.)	Date Administered	Manufacturer	Lot #
1				
2				
3				
4				
5				
6				
7				
8				

Maternal Tdap History:

☐ Unvaccinated ☐ Unknown

Dose	Date Administered	Pregnancy Status at Administration**	If pregnant at administration, week of pregnancy***	Manufacturer	Lot #
1					
2					
3					
4					
5					
6					
7					
8					

** Pregnancy status responses include: Pregnant, post-partum, and neither
*** Fill in the number of completed weeks of pregnancy at the time of mother's Tdap administration

Household Contacts:

Please see Appendix A.

Non-Household Contacts:

During the 3-week period prior to the cough onset, was the patient exposed to anyone outside of the household who was known to have a cough illness? ☐ Yes ☐ No ☐ Unknown
If yes, please fill out Appendix B.

Post Mortem Examination and Death Certificate

Was a post-mortem exam done? ☐ Yes ☐ No ☐ Unknown
Is a death certificate available? ☐ Yes ☐ No ☐ Unknown
Causes of death: ☐ Unknown

a. _____ ICD-10 code: _____
b. _____ ICD-10 code: _____
c. _____ ICD-10 code: _____
d. _____ ICD-10 code: _____

Contributing conditions: ☐ Unknown

a. _____ ICD-10 code: _____
b. _____ ICD-10 code: _____
c. _____ ICD-10 code: _____
d. _____ ICD-10 code: _____

TEXAS Health and Human Services | Texas Department of State Health Services

Infectious Disease Control Unit, Texas Department of State Health Services
P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Appendix A:

In the table below, list everyone who lives in the household, their date of birth, age, sex, the number of doses of pertussis containing vaccine received, and date of the last pertussis vaccine dose, smoking habits at home, and the presence of a cough illness during the 3-week period prior to the cough onset date in the patient. Please indicate if pertussis was the diagnosis for the cough illness, and if so, how pertussis was confirmed.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP/ DTaP/DT	Date of last dose	Smoking habits at home		Cough illness in family member during 3-week period prior to cough onset date in case-patient			
							Current smoker (Yes/No)	Avg. no. of cigarettes smoked daily	Cough (Yes/No)	Cough Onset Date	Pertussis diagnosis (Yes/No)	Confirmation method (Culture/ PCR / DFA/None)
1												
2												
3												
4												
5												
6												
7												
8												
9												

TEXAS Health and Human Services | Texas Department of State Health Services

Infectious Disease Control Unit, Texas Department of State Health Services
P.O. Box 149347, MC 1960
Austin, Texas 78714
Phone: (512) 776-7676 Fax: (512) 776-7616
VPDTexas@dshs.texas.gov

Appendix B:

If yes, list all persons who had a cough illness and who may have exposed the patient, with the dates of cough onset in the table below.

No.	Relationship to Patient	Date of Birth	Age	Sex	No. doses DTP DTaP/DT vaccine*	Date of last Dose	Cough onset date	Date cough stopped	Pertussis Diagnosis	Confirmation Method (Culture/ PCR/DFA/ None)
1										
2										
3										
4										
5										

* Indicate type of vaccine if available