

Pertussis

Entered in DRSi? _____

Reported to health dept? _____

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

(____) - ____ - ____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Cold-like symptoms

Cough (lasting at least 2 weeks)

Sleep apnea

Vomiting

Seizures

Encephalopathy

Pneumonia

Epidemiologic Link

Y N

Is the case epidemiologically linked to a laboratory-confirmed case of Pertussis?

Is this case part of a larger group/community outbreak?

Specify the type of Pertussis:

Paroxysms of coughing or inspiratory "whoop"

Post-tussive vomiting

Apnea, with or without cyanosis (for infants <1 year)

Other symptoms (describe below)

Describe: _____

VACCINATION HISTORY

Y N

Vaccination Date(s)

Is the case vaccinated? 1st: ____/____/____ 2nd: ____/____/____ 3rd: ____/____/____

Record any additional vaccination history on page 2

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Other: _____

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Unknown

Philosophical Objection

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result	
Antibody	____/____/____	Serum Urine CSF Other	Positive	Negative
Antigen	____/____/____	Serum Urine CSF Other	Positive	Negative
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive	Negative
Culture	____/____/____	Serum Urine CSF Other	Positive	Negative
Screen	____/____/____	Serum Urine CSF Other	Positive	Negative
Other <small>Describe below</small>	____/____/____	Serum Urine CSF Other	Positive	Negative

TRAVEL HISTORY

In the **(INCUBATION PERIOD)** before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|--|---|---|-----|----------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | (If yes) Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

*Incubation period: 9–10 days on average; range 6–20 days

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic	Date Started	Duration
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____

Include any other pertinent information for this case below: