



Pertussis Enhanced Surveillance Form



ID No.	RHA	CCA
Patient Name	Address	
Phone No.	Mobile No.	
School/College address	Work address	
Sex:	DOB	Age <small>(Please state whether Months or Years)</small>
		Country of birth
		Ethnicity
Reporting GP/Consultant/Lab/Hospital		Date of notification

CLINICAL DETAIL	Date of onset	Duration of cough (days) at 1st interview
Paroxysmal cough?		
Any cough?		Other symptoms, please specify
Any inspiratory whoop?		
Post-tussive vomiting?		
Apnoea?		
Cyanosis?		Any underlying illness?- specify
Choking episodes (infant)?		

COMPLICATIONS	Name of clinician	
Hospitalised	Hospital of admission (current)	
Seizures		
Pneumonia	Date of first admission	Date of discharge
Acute encephalopathy	If admitted to ICU, no of days	
Conjunctival haemorrhages	Outcome	Date of death
If other complications, please specify		Cause of death

EPIDEMIOLOGICAL	
Date investigation started	If outbreak related, please give OB identifier
Is case epi-linked to other case(s)?	
Likely setting of exposure (if known)	If healthcare associated, please give name of facility
Likely source - specify if known	Age of source

ANTIBIOTIC TREATMENT	Name of antibiotic	Date antibiotic started
Was antibiotic given?		
Was 2nd antibiotic given?		

VACCINATION	Vaccination status*:	*Please see clarification of complete and incomplete vaccination status on the last page of the form		
Number of doses of Pertussis-containing vaccine				
	Date vaccination	Manufacturer	Batch Number	Vaccination Information Source
Date 1st dose				
Date 2nd dose				
Date 3rd dose				
Date 4th dose				
Date 5th dose				
Date 6th dose				
If not vaccinated, what was the reason?				

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ID No.

INFANT CASE (If case is an infant please supply additional information)

Was mother vaccinated during pregnancy?

If yes, no. of weeks gestation at time of vaccination

Gestational age at birth (weeks)

Was the child breastfed at the time of onset

If yes, frequency of breastfeeding

LABORATORY

Please specify which of the following tests were done and the results

Test	Result	Date specimen taken	Sample site	If not nasopharyngeal, please specify site
Culture			Nasopharyngeal swab/aspirate	
<i>B. pertussis</i> PCR			Nasopharyngeal swab/aspirate	

If PCR done, which targets:

Serology

If serology done

Please specify the name of the kit used for serology

(Note: diagnostic serology cannot validly be interpreted for one year after vaccination with acellular pertussis (aP) vaccines)

Please specify results of serology tests

1. IgG-anti-PT* (ELISA or multiplex immunoassay)

*using purified PT as antigen

Please specify IgG titre result

2. IgA-anti-PT*

*should only be used with indeterminate IgG-anti PT levels or when a second sample cannot be obtained

Please specify IgA titre result

Was sample sent to
Reference Laboratory?

If yes, please give Reference
Laboratory name

If Molecular typing was done please specify test and result

Test	Result
PFGE	
MLST	
MLVA	
DNA sequencing	
Other, specify	

FINAL CASE CLASSIFICATION

FORM COMPLETION

Form completed by:

Date of completion

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Guidance for completing Ethnicity and Vaccination Status fields

Note: Ethnicity should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator. Categories used as per Census 2016 with the addition of Roma. Further information and resources on collecting ethnic information can be found at: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/interculturalhealth/ethnic-equal-ity-monitoring/>

***The following guidance is for completing the pertussis Vaccination status field for pertussis cases notified from 2013**

Age at time of onset/notification	Vaccination Status		
	Complete (No. doses)	Incomplete (No. doses)	Unvaccinated (No. doses)
<6 months	3	<3	0
6 months to <6 years	≥3	<3	0
6 years to ≤11 years	≥4	<4	0
12+ years and born since 1st september 2000	≥5	<5	0
Born between 1st September 1996 and 31st August 2000	≥4	<4	0
Born before 31st August 1996	≥3	<3	0

Testing for other pathogens

Was testing for other microorganisms undertaken (as differential diagnosis)?

If yes were any of the following positive? (tick **X** as appropriate)

Adenovirus	Chlamydia pneumoniae	Coronaviruses	Human metapneumovirus
Influenza A or B	Mycoplasma pneumonia	Parainfluenza 1, 2 and 3	RSV
Rhinovirus			

HSE Area information

(please include: any social event the cases participated in; main activities, like sport and sport clubs, volunteering, course and so on, with the name and address of the setting; missed opportunities for prevention of this case.)