Please report laboratory or clinically-diagnosed pertussis in children to your local health department. Fill out the following information as completely as possible. Public health staff may be unable to follow up on cases that have inadequate information.

- Name of student_______________________________________________________________
  DOB __/__/__  Date of Onset (any symptoms) __/__/__

- Name/contact information of healthcare provider who made the diagnosis:
  Name ________________________________________  Phone number __________________
  Clinic Name_____________________________________

- Lab results: Positive___Negative___ Not tested___ Unknown ___  Date tested ___/___/___

- Pertussis immunization dates (please enter dates or fax Certificate Of Immunization Status form
  DTaP dates ___/___  ___/___  ___/___  ___/___  ___/___  ___/___
  Tdap date ___/___/
  No pertussis doses received ___ Reason not vaccinated: Parent refusal___ Other______________

- Was the child treated with antibiotics? Y___ N___ Unknown ___
  Name of antibiotic_______________  Date prescribed? ___/___/

- Does the child have contact with any high risk persons? Y___ N___ Don’t know___

  High risk is defined as:
  - Infants < 1 year old
  - Pregnant women (particularly those in 3rd trimester of pregnancy)
  - Anyone who may expose infants < 1 year old or pregnant women (e.g., members of a household
    with infants or pregnant women, child care workers who take care of infants<1 year old, health care workers
    with face-to-face contact with infants<1 year old or pregnant women, childbirth educators)

- Were preventive antibiotic treatment was given to household and high risk close contacts?
  Household contacts: Y___ N___ Don’t know___ High risk contacts: Y___ N___ Don’t know___

- Was the child excluded from school or child care until after 5 days of antibiotics? Y___ N___ Partially___
  Dates attended school/childcare while contagious: ___/___ through ___/___  None____

  Contagious period = from the first day of any symptoms (includes runny nose) until after 5 days of
  antibiotics have been completed (or 21 days after the onset of severe cough if no antibiotics
  taken.)
INFORMATION ON PERTUSSIS

Thank you for reporting your pertussis case to your local health department. Public Health’s role is to assure appropriate treatment, prophylaxis and exclusion to prevent pertussis from spreading in high risk persons. The ultimate goal is to prevent pertussis in infants because they are most at risk for severe illness and even deaths from this disease.

Infection Control
Sick children should not be at school. Please send children with a severe, persistent or spasmodic cough home and recommend to the parent/guardian that the child be evaluated by a healthcare provider. Persons with pertussis are contagious from the first onset of any symptoms until 3 weeks after the onset of cough.

Treatment
Antibiotic treatment of pertussis is most effective if it is started early (before coughing becomes severe) but is recommended as long as it has been less than 3 weeks since the onset of coughing. The health department can help obtain antibiotic treatment for uninsured children.

Postexposure Prophylaxis (PEP)
PEP is recommended for all household and other close contacts of pertussis cases, but is especially important for any high risk contact such as infants < 1 year, pregnant women, or anyone who may expose infants < 1 year old or pregnant women (e.g., members of a household with infants or pregnant women, child care workers who take care of infants<1 year old, health care workers with face-to-face contact with infants<1 year old or pregnant women, childbirth educators). Persons in close contact with a pertussis case should contact their healthcare provider to ask if PEP is recommended.

Exclusion
Exclusion of pertussis cases from public settings (work, school, child care) is recommended until after 5 days of appropriate antibiotics have been completed or until 21 days after the onset of cough if the patient is unable to take, or refuses, antibiotics. Exclude immediately when you learn that a student or staff member has healthcare provider-diagnosed pertussis.

Vaccination
Make sure teachers and other school/child care staff are up to date on pertussis vaccine. Any adult who works with children and has not received a Tdap is recommended to get one. Though fully vaccinated people can still be infected with pertussis, the illness is much less likely, and symptoms are milder in persons who are up to date.