Pointers for Completing Pertussis Reports in NC EDSS

Administrative Package

- Initial source of Report to public health
- Date of Initial Report to public health
- County of residence
- Investigation trail - must include your user group, reporter name, phone #, classification status (what you have determined it is), and any notes under your section before assigning to State Disease Registrar. Do not enter or alter any information in the state section.
- DO NOT CLOSE the case.

Clinical Package

Must have these items to report:

- Cough onset date
- Duration of cough (this must be at least 14 days to meet clinical case definition) unless the culture is positive—call the on-call nurse to discuss if this occurs.
- Final interview date (must be at least 2 weeks after cough onset). If the event you are resolving is an older case that you have interviewed only once, enter that date and the total amount of time they have been coughing.
- Information on paroxysms of cough, whoop, and post-tussive vomiting should be investigated and all questions answered. These questions are a requirement to meet clinical case definition and for a case to be reported as probable without lab confirmation.
- If the case investigation was done in the early stage of the disease, the patient should be interviewed again to determine if duration of cough was at least 14 days.
- If the patient was still coughing at the final interview date
- Antibiotic treatment info - **must** include name, dose, start date and end date—make sure it is one of the approved meds for pertussis: azithromycin (Zithromax or Z-pack), clarithromycin (Biaxin); erythromycin; or trimethoprim-sulfamethoxazole (TMP/SMZ, Bactrim, Septra). Need to contact MD if not appropriate treatment.
- Hospitalization Information
- For those with only serology lab results and no symptoms: You must answer “no” to the question, “Is/was the patient symptomatic?” and address why the patient was tested in the notes OR answer enough clinical questions to show that patient did not meet clinical case definition. If this is not done, the event will be reassigned back to the LHD.

Lab Package

Manually entered labs must include:

- Specimen date
- Type of test - if not in drop down you can enter under Test Local Description line
- The result
- Lab facility - the lab that actually performed the test and their phone number
- Ordering Facility - if was ordered by one but performed at another-- for example—Duke Referral Lab ordered, but sent out to Mayo Clinic Lab for testing. Duke would be ordering facility and Mayo would be Lab facility
- Ordering provider - must have name and phone # - even if your facility ordered the test

Risk History Package

- If no entries under “Other Exposure Information” answer, “Does the patient know anyone else with similar symptoms?” This is important if epi-linking, clusters or potential outbreaks.

Vaccine Package

- **Vaccine history info must be entered for all VPD's.** There is no NCIR feed so enter manually. Review vaccination records – especially for children.
- If an adult reports verbal vaccine history but has no record answer "no" to "Has patient/contact ever received vaccine related to this disease?" If no written record is available state this in the notes. If they do not know, state this in a note.

Special Note Regarding Pertussis Serologies:

No serologic method for diagnosis of pertussis has been validated between laboratories or has been approved for diagnostic use in the U.S., but there are many physicians that collect these instead of the approved NP Swab for PCR and culture. Positive IgM and IgG for pertussis are reported and require follow-up to establish if the patient met the clinical case definition for pertussis or not. Serology lab cases are reported as probable if they meet clinical case definition. Depending on how much time has passed, there may still be a need to do investigation, treatment of close contacts, and surveillance. You may discover secondary cases that can have an NP swab for PCR and culture.

For reporting, if you find the patient with serologies did meet case definition, follow the steps above and report as a probable case. If the patient did not meet criteria for reporting you need to document that fact in the clinical package by either answering "no" to the question "Is / was patient symptomatic?" or by answering "no" to enough of the questions in the clinical package to show that the patient did NOT meet clinical case definition.