

Pertussis Investigation Worksheet - Contacts By Location

Name of Primary Case: _____ Nickname / Alias: _____

Case Number: _____

Interviewer Name: _____

Location of exposure: _____

√ Number	Date of Initial Interview	Name (Last, First)	Birthdate or Age	Gender	Location / Address / Phone	Date First Exposure	Hing Risk Contact	Coughing	DTaP/Tdap up-to-date	Provider Information (For Medical Assessment Referrals)	Results of Collected Laboratory Specimen	Antibiotic Prophylaxis	Restrictions or Exclusions
	Date of Follow-up				Occupation / School	Date Final Exposure							
1							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
2							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
3							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
4							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
5							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
6							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
7							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
8							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				
9							YES	YES	YES		Not Collected Positive Negative	Type: Started: Completed:	Date ends:
							-	-	-				

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Additional Comments and Notes on Contact Investigation

Notes:

#	Comments	
1		<p>Contact: Definition can vary but generally refers to those with direct face-to-face contact for a period (not defined) with symptomatic case; who shared a confined space in close proximity for a prolonged period of time, such as >1 hour, with a symptomatic case; or direct contact with respiratory, oral, or nasal secretions from a symptomatic case (e.g., an explosive cough or sneeze in the face, sharing food, sharing eating utensils during a meal, kissing, mouth-to-mouth resuscitation, or performing a full medical exam including examination of the nose and throat).</p>
2		
3		
4		
5		<p>High Risk Contacts: Infants aged <1 year; persons who have an immunodeficiency or underlying severe disease (i.e. chronic lung disease or cystic fibrosis); health care workers providing direct patient care; anyone working with neonatal or pediatric, labor and delivery or postpartum patients; or those taking care of infants or who could be soon caring for infants (i.e. pregnant females and family)</p>
6		
7		
8		<p>Refer to the <i>Pertussis Disease Investigation Guideline</i> for further information.</p>
9		