

HOSPITALISED PERTUSSIS QUESTIONNAIRE
Australian Paediatric Surveillance Unit

Please keep a record of the child's unit number in your APSU folder. Please ring Dr Greta Ridley on (02) 9845 2200 if you have any problems with the form (Wed-Fri). Thank you for your time.

REPORTING CLINICIAN

1. APSU Dr Code/Name /..... 2. Month/Year of Report /

PATIENT

3. First 2 letters of first name 4. First 2 letters of surname

5. Date of Birth: / / 6. Sex M F

7. Postal code

8a. Country of birth: Child.....Father:.....Mother:.....

8b. Country of Origin: Father:.....Mother:.....
(eg father / mother was born in Australia but the ancestral line originated from Asia, then the country of origin is Asia)

9. Indigenous status: Aboriginal Torres Strait Islander Don't Know Not applicable

10. Date of Admission 11. Date pertussis first considered

If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

PERTUSSIS IMMUNISATION STATUS OF PATIENT (*Don't know, #Not applicable due to child's age, †Not tested)

12. Which of the following DTP immunisations had the patient received prior to this admission?

DTP 1 Yes, No DK* NA#

DTP 2 Yes No DK NA

DTP3 Yes No DK NA

PERTUSSIS IMMUNISATION STATUS OF HOUSEHOLD MEMBERS

13. Mother Immunised: Yes No DK NA

14. Father Immunised: Yes No DK NA

15. Siblings:

S1, Age....., Immunised: Yes, Number of doses..... No DK NA

S2, Age....., Immunised: Yes, Number of doses..... No DK NA

S3, Age....., Immunised: Yes, Number of doses..... No DK NA

16. Other household members:

Immunised: Yes No DK NA, please specify relationship.....

Immunised: Yes No DK NA, please specify relationship.....

17. Has the patient had close contact with anyone with a coughing illness consistent with pertussis?

Yes No DK

If yes, please answer the following questions:

(a) What was the date of onset or duration of coughing in the contact?

Date of onset Duration days months DK

(b) Was pertussis laboratory confirmed in the contact? Yes No DK

(c) Age of contact?Relationship of contact to the patient?.....

(d) Pertussis immunisation status of contact Immunised Not immunised DK NA

(e) Did the contact receive erythromycin to treat the cough? Yes No DK

PREDISPOSING CONDITIONS, MORBIDITY AND MORTALITY

18. Does the patient have any of the following conditions?

- Prematurity Yes, please specify gestation _____ weeks No DK
- Structural abnormality of airway Yes No DK
- Cardiac disease Yes No DK, If yes, please specify.....
- CNS disease Yes No DK, If yes, please specify.....
- Respiratory disease Yes No DK, If yes, please specify.....

19. Did the patient have any of the following features of pertussis?

- Paroxysms of cough Yes No DK
- Inspiratory whoop Yes No DK
- Post-tussive vomiting Yes No DK
- Apnoea Yes No DK
- Cyanosis Yes No DK

20. If the cough has resolved, what was the total duration of the cough? days months

21. If the child is still coughing, what is the total duration of the cough to date? days months

22. Did the patient have any of the following complications?

- Pneumonia Yes No DK
- Seizures Yes No DK
- Encephalopathy Yes No DK

Other, please specify.....

23. Did the patient die? Yes, Date of death No DK

DIAGNOSIS

24. For patients with laboratory results, which of the following tests were used and what were the results?

- Culture (respiratory tract) Positive Negative NT[†] DK
- PCR (respiratory tract) Positive Negative NT DK
- Specific IgA in respiratory tract Positive Negative NT DK
- Specific IgA in serum Positive Negative NT DK
- Highest total white cell count if recorded? (units) NT DK
- Highest lymphocyte count if recorded? (units) NT DK

25. If no laboratory confirmation, was the diagnosis based on (see case definition):

- Any hospitalised child with symptoms compatible with pertussis **and** contact with a laboratory proven case link
- Any hospitalised child in whom pertussis is the discharge diagnosis **or** after later review is considered the most likely diagnosis, based on clinical features alone

MANAGEMENT

26. What was the total duration of hospital admission? days

27. Did the patient require admission to ICU? Yes, duration in ICU days No DK

28. Did the patient require mechanical ventilation? Intubated and ventilated CPAP No DK

Duration of mechanical ventilation: days

29. Did the patient receive erythromycin? Yes, Date commenced , duration days
 No DK

Please return this questionnaire in the addressed reply-paid envelope.

Thank you for your help with this project.