HOSPITALISED PERTUSSIS QUESTIONNAIRE
New Zealand Paediatric Surveillance Unit

Please contact Dr ….. …. on (09) … …. Or e-mail …… if you have any problems with the form. Thank you for your time.

REPORTING CLINICIAN

1. 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. Address
7a. Street number ☐☐☐☐ 7b. Street name ……
7c. Suburb ……., 7d. City ……..
8. Ethnicity ☐ 1 = European, 2 = Maori, 3 = Pacific, 4 = Other ethnic groups
9. Date of Admission ☐☐/☐☐/☐☐ 10. 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 NZPSU. 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)

11. Which of the following DaTP immunisations had the patient received prior to this admission?

DTaP 1	☐ Yes,	☐ No	☐ DK*	☐ NA#
DTaP 2	☐ Yes	☐ No	☐ DK	☐ NA
DTaP3	☐ Yes	☐ No	☐ DK	☐ NA

PERTUSSIS IMMUNISATION STATUS OF HOUSEHOLD MEMBERS

12. 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
S4, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA
S5, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA

13. Other household members:

H1, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA
H2, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA
H3, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA
H4, Age……., Immunised: ☐ Yes, Number of doses…… ☐ No ☐ DK ☐ NA

14. 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

15. 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.....	

16. 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

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

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

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

Pneumonia	☐ Yes	☐ No	☐ DK
Seizures	☐ Yes	☐ No	☐ DK
Encephalopathy	☐ Yes	☐ No	☐ DK

Other, please specify.....

20. Did the patient die? ☐ Yes, Date of death ☐☐/☐☐/☐☐ ☐ No ☐ DK

DIAGNOSIS

21. 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
Highest total white cell count if recorded?	☐☐☐☐ (units)		☐ NT	☐ DK
Highest lymphocyte count if recorded?	☐☐☐☐ (units)		☐ NT	☐ DK

22. 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

23. What was the total duration of hospital admission? ☐☐ days

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

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

Duration of mechanical ventilation: ☐☐ days

26. 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.