

If you have direct access to CIDR, please enter these enhanced data, otherwise please forward this completed form to your local Department of Public Health who will enter it on your behalf

Pertussis Enhanced Surveillance Form

ID No.

INFANT CASE (If case is an infant please supply additional information)

Was mother vaccinated during pregnancy? **Yes** ☐ **No** ☐ **NK** ☐

If yes, no. of weeks gestation at time of vaccination Gestational age at birth (weeks)

LABORATORY

Please specify which of the following tests were done and the results

Test	Result				Sample site	Yes No		If not nasopharyngeal, please specify site
	Pos	Neg	Not Done	NK				
Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasopharyngeal swab/aspirate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<i>B. pertussis</i> PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasopharyngeal swab/aspirate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If PCR done, which targets: ☐ 1. IS481 target; 2. ptxP promoter target; 3. PT gene

Serology **Pos** ☐ **Neg** ☐ **Not Done** ☐ **NK** ☐

If serology done

Please specify the name of the kit used for serology

(Note: diagnostic serology cannot validly be interpreted for one year after vaccination with acellular pertussis (aP) vaccines)

Please specify results of serology tests

1. IgG-anti-PT* (ELISA or multiplex immunoassay) **Pos** ☐ **Neg** ☐ **Equivocal** ☐

*using purified PT as antigen

Please specify IgG titre result

2. IgA-anti-PT* **Pos** ☐ **Neg** ☐ **Equivocal** ☐

*should only be used with indeterminate IgG-anti PT levels or when a second sample cannot be obtained

Please specify IgA titre result

Was sample sent to Reference Laboratory? **Yes** ☐ **No** ☐ **NK** ☐ If yes, please give Reference Laboratory name

If Molecular typing was done please specify test and result

Test	Result
PFGE	<input type="text"/>
MLST	<input type="text"/>
MLVA	<input type="text"/>
DNA sequencing	<input type="text"/>
Other, specify	<input type="text"/>

FINAL CASE CLASSIFICATION

Confirmed ☐ Probable ☐ Possible ☐

FORM COMPLETION

Form completed by:

Date of completion

HSE Area Use Only - This page is not forwarded to HPSC

*The following guidance is for completing the pertussis Vaccination status field for pertussis cases notified from 2013

Age at time of notification	Vaccination Status		
	Complete (No. doses)	Incomplete (No. doses)	Unvaccinated (No. doses)
<6 months	3	<3	0
6 months to <6 years	≥3	<3	0
6 years to <11 years	≥4	<4	0
11+ years and born since 1st September 2000	≥5	<5	0
Born between 1st September 1996 and 31st August 2000	≥4	<4	0
Born before 31st August 1996	≥3	<3	0

Testing for other pathogens

Was testing for other microorganisms undertaken (as differential diagnosis)? Yes ☐ No ☐ NK ☐

If yes were any of the following positive? (tick **v** as appropriate)

Adenovirus ☐ Chlamydia pneumoniae ☐ Coronaviruses ☐ Human metapneumovirus ☐
 Influenza A or B ☐ Mycoplasma pneumonia ☐ Parainfluenza 1, 2 and 3 ☐ RSV ☐
 Rhinovirus ☐

HSE Area information

(please include: any social event the cases participated in; main activities, like sport and sport clubs, volunteering, course and so on, with the name and address of the setting; missed opportunities for prevention of this case.)