

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

PERTUSSIS (WHOOING COUGH)

Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 47

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
						SSN

**NC EDSS
LAB RESULTS**

Verify if lab results for this event are in NC EDSS. If not present, enter results.

Was laboratory testing for pertussis done?

☐ Yes ☐ No ☐ Unknown

	Date Specimen Collected (month/day/year)	Result	Is case laboratory-confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Culture	/ /		Result Code P Positive N Negative I Indeterminate E Pending X Not Done S Parapertussis Note: Serology is based on either single sample or combined result from acute and convalescent samples.
DFA	/ /		
PCR	/ /		
Serology (1st specimen)	/ /		
Serology (2nd specimen)	/ /		

**NC EDSS PART 2 WIZARD
COMMUNICABLE DISEASE**

Is/was patient symptomatic for

this disease? ☐ Y ☐ N ☐ U

If yes, symptom onset date (mm/dd/yyyy): / /

CHECK ALL THAT APPLY:

Encephalopathy ☐ Y ☐ N ☐ U

Seizures/convulsions ☐ Y ☐ N ☐ U

If yes, specify

☐ New onset

☐ Exacerbation of underlying seizure disorder

☐ Other, specify: _____

☐ Unknown

Cough ☐ Y ☐ N ☐ U

Onset date (mm/dd/yyyy): / /

Was patient still coughing at

final interview? ☐ Y ☐ N ☐ U

Final interview date (mm/dd/yyyy): / /

(at least two weeks after cough onset)

Duration of cough at final interview: _____ days

This must be at least 14 days of cough.

Paroxysmal cough ☐ Y ☐ N ☐ U

Whoop ☐ Y ☐ N ☐ U

Post-tussive vomiting ☐ Y ☐ N ☐ U

Apnea ☐ Y ☐ N ☐ U

Chest x-ray ☐ Y ☐ N ☐ U

If yes, Chest x-ray abnormal? ☐ Y ☐ N ☐ U

Pneumonia ☐ Y ☐ N ☐ U

If yes, confirmed by x-ray or CT ☐ Y ☐ N ☐ U

Other symptoms, signs, clinical findings,

or complications consistent with

this illness? ☐ Y ☐ N ☐ U

If yes, specify: _____

TREATMENT

Did patient take an antibiotic as treatment

for this illness? ☐ Y ☐ N ☐ U

If yes, specify antibiotic name: _____

Dose _____

Date antibiotic began / /

Date antibiotic ended / /

Were antibiotics taken before culture

specimen collected? ☐ Y ☐ N ☐ U

Specify culture site(s): _____

Was antibiotic prophylaxis given

prior to illness onset? ☐ Y ☐ N ☐ U

Did the patient require mechanical

ventilation? ☐ Y ☐ N ☐ U

Date started (mm/dd/yyyy): / /

Was patient hospitalized for

this illness >24 hours? ☐ Y ☐ N ☐ U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: () -

Admit date (mm/dd/yyyy): / /

Discharge date (mm/dd/yyyy): / /

Restrictions to movement or

freedom of action? ☐ Y ☐ N

Check all that apply:

☐ Work ☐ Sexual behavior

☐ Child care ☐ Blood and body fluid

☐ School ☐ Other, specify _____

Date control measures issued: / /

Date control measures ended: / /

Was patient compliant with

control measures? ☐ Y ☐ N

Does patient know anyone else with similar

symptom(s) who had the same or similar

travel history? ☐ Y ☐ N ☐ U

If yes, list person(s) and contact information:

Does the patient know anyone else with

similar symptoms? ☐ Y ☐ N ☐ U

If yes, specify name and relationship to person(s)

Is the patient part of an outbreak of

this disease? ☐ Y ☐ N

VACCINE

Has patient ever received pertussis-containing

vaccine? ☐ Y ☐ N ☐ U

Vaccine #1:

Date of vaccination (mm/dd/yyyy): / /

Vaccine type: _____

Manufacturer: _____

Product/trade name: _____

Lot number: _____

Vaccine #2:

Date of vaccination (mm/dd/yyyy): / /

Vaccine type: _____

Manufacturer: _____

Product/trade name: _____

(CONTINUED)

Diseases and Conditions Reportable in North Carolina

Physicians must report these diseases and conditions to the county local health department, according to the North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions (see below). Contact information for local health departments can be accessed at www.ncalhd.org/directors. If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch (919) 733-3419.

For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at: <http://epi.publichealth.nc.gov/cd/report.html>

Diseases in **BOLD ITALICS** should be reported immediately to local health department.

Reportable to Local Health Department Within 24 Hours

DISEASE/CONDITION

A-G

ANTHRAX.....
BOTULISM, FOODBORNE.....
BOTULISM, INTestinal (INFANT).....
BOTULISM, WOUND.....
Campylobacter infection.....
Chancroid.....
Chikungunya.....
Cholera.....
Cryptosporidiosis.....
Cyclosporiasis.....
Diphtheria.....
E.coli infection, shiga toxin-producing.....
Foodborne disease: Clostridium perfringens.....
Foodborne: staphylococcal.....
Foodborne disease: other/unknown.....
Foodborne poisoning: ciguatera.....
Foodborne poisoning: mushroom.....
Foodborne poisoning: scombroid fish.....
Gonorrhea.....
Granuloma inguinale.....

H-N

Haemophilus influenzae,
Invasive disease.....
Hemolytic-uremic syndrome (HUS).....
HEMORRHAGIC FEVER VIRUS
INFECTION.....
Hepatitis A.....
Hepatitis B, acute.....
HIV/AIDS.....
HIV.....
AIDS.....
Influenza virus infection causing death.....
Listeriosis.....
Measles (rubeola).....
Meningococcal disease, invasive.....
Middle East respiratory syndrome (MERS).....
Monkeypox.....
NOVEL INFLUENZA VIRUS INFECTION.....

O-U

Ophthalmia neonatorum.....
Pertussis (Whooping Cough).....
PLAGUE.....
Polio myelitis, paralytic.....
Rabies, human.....
Rubella.....
Salmonellosis.....
S. aureus with reduced susceptibility to vancomycin.....
SARS coronavirus infection.....
Shigellosis.....
SMALLPOX.....
Syphilis.....
primary.....
secondary.....
early latent.....
late latent.....
late with clinical manifestations.....
congenital.....
Tuberculosis.....
TULAREMIA.....
Typhoid Fever, acute.....

V-Z

Vaccinia.....
Vibrio infection, other than cholera & vulnificus.....
Vibrio vulnificus.....
Zika.....

Reportable to Local Health Department Within 7 Days

DISEASE/CONDITION

A-G

Brucellosis.....
Chlamydial infection—laboratory confirmed.....
Creutzfeldt-Jakob Disease.....
Dengue.....
Ehrlichiosis, HGA (human granulocytic anaplasmosis).....
Ehrlichiosis, HME (human monocytic or e. chaffeensis).....
Ehrlichiosis, unspecified.....
Encephalitis, arboviral, WNV.....
Encephalitis, arboviral, LAC.....
Encephalitis, arboviral, EEE.....
Encephalitis, arboviral, other.....

H-N

Hantavirus infection.....
Hepatitis B, carriage.....
Hepatitis B, perinatally acquired.....
Hepatitis C, acute.....
Legionellosis.....
Leprosy.....
Leptospirosis.....
Lyme disease.....
Lymphogranuloma venereum.....
Malaria.....
Meningitis, pneumococcal.....
Mumps.....
Non-gonococcal urethritis.....

O-Z

Pelvic inflammatory disease.....
Psittacosis.....
Q fever.....
Rocky Mountain Spotted Fever.....
Rubella, congenital syndrome.....
Streptococcal infection, Group A, invasive.....
Tetanus.....
Toxic shock syndrome, non-streptococcal.....
Toxic shock syndrome, streptococcal.....
Trichinosis.....
Typhoid, carriage (Salmonella typhi).....
Yellow fever.....

You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a)) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.

North Carolina General Statute:

§130A-135. Physicians to report.

A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code:

10A NCAC 41A.0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist