



Grant County Health District

1038 W. Ivy, Suite 1

Moses Lake, WA 98837

Phone: (509) 766-7960 Confidential Fax (509) 764-2813

Pertussis (Whooping cough or 100 day cough)

Bordetella pertussis

CONFIDENTIAL CASE REPORT

REPORTING INFORMATION

Date reported: ____/____/____ Reported by: _____ Phone #: _____

Reporting Site/Clinic: _____ Town/City: _____

Site Type (Check one): School Childcare Healthcare Provider Other _____

DEMOGRAPHIC INFORMATION

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____ City: _____ State: _____

Mailing Address (if different): _____ Zip: _____ DOB: ____/____/____ Age: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Parent/guardian name(s): _____ Relationship: _____

CLINICAL INFORMATION

Cough onset date: ____/____/____ Vomit? Yes No Unknown

List Other Symptoms: _____

Diagnosed by (Check one):

Parent/guardian School Healthcare Professional Self Other _____
Name/Clinic: _____

Lab Confirmed: Yes No Unknown Test type: Culture PCR Other: _____

Result: Positive Negative Undetermined Unknown

Previous Vaccine History:

DTaP Vaccination? Yes No Unknown If yes, please fax copy of record.

Tdap Vaccination? Yes No Unknown If yes, please fax copy of record.

SCHOOL INFORMATION

Grade: _____ Teacher: _____ Last day attended school: ____/____/____

Does case ride bus? Yes No Unknown

Does case participate in extracurricular activities (sports, clubs, etc)? Yes, list: _____ No Unknown

Were pregnant or immunocompromised students or staff members exposed to the case? Yes No Unknown

If yes, please fax a list with names, dates of birth, and contact phone numbers for follow up by the GCHD.



Guidelines for Timely Notification and Completion of the Pertussis (Whooping cough or 100 day cough) Case Report

- I. When a case is reported to the school, childcare, physician, or other agency, do the following:
 - a. Call the GCHD at the time your facility receives notification with the following essential information: Name, DOB, and parent contact information
 - b. Gather the needed information to complete the attached reporting form.
 - c. Initiate the following steps:
 - i. Perform immunization records review (ideally using CHILD Profile) for classroom contacts, including staff
 - ii. Provide a list of children or staff who are contacts
 - Include: name, DOB, phone #, and parent name
 - Provide a list of potential contacts
 - Highlight students or staff who are **pregnant** or **immunocompromised**
 - iii. Prepare to mail a pertussis letter **school-wide** or prepare a message for the automated phone messaging system regarding notification of potential exposure to a pertussis case in the school (if applicable)
- II. Completing the actual reporting form.
 - a. Complete reporting form to the best of your ability.
 - b. If a question is unknown or not applicable, please indicate such.
 - c. Fax the completed document to **509-764-2813**, as soon as possible.
- III. Response from the GCHD.
 - a. Contact will be made shortly after receipt of the faxed case report.
 - b. A GCHD staff member will contact you with recommendations on behalf of the Grant County health officer.
 - c. If you do not hear from the GCHD within 60 minutes of submitting your report, please contact our office at 766-7960.

These guidelines are intended to be used primarily for a single case. Additional information requests may be made in an "Outbreak" situation. The reporting form needs to be completed for an isolated case as well as "Outbreak" situations. Thank-you very much for assisting in the protection of our community.