Public Health
MADISON & DANE COUNTY
Healthy people. Healthy places.

Phone (608) 266-4821
Fax (608) 266-4858
publichealthmdc.com

SUSPECT PERTUSSIS REPORT FORM

All people with suspected pertussis should be reported to public health. Please submit one form for each suspect case of pertussis within 24 hours and fax to 608-266-4858, Attn: Communicable Disease Team. For any questions, call Public Health at (608) 266-4821.

Suspect case of pertussis: An illness consistent or compatible with pertussis and without other apparent cause such as: 1) any acute cough illness with uncontrollable coughing fits (paroxysmal cough), a whoop, or vomiting after coughing, or 2) any acute cough illness in a person who is a close contact to someone who tested positive for pertussis. **All individuals tested for pertussis should be immediately treated AND isolated for 5 days.**

REPORTING INFORMATION:

Facility Name:	
Facility Type (K-12 school, childcare or early childhood program, hospital or clinic, other):	
Name of person completing this form:	
Phone Number:	Email:

PATIENT INFORMATION:

Last Name:		First Name:
Birth Date:	Age:	Preferred Spoken Language:
Gender: ☐ Male ☐ Female ☐ Transgender, Male to Female ☐ Transgender, Female to Male ☐ Non-binary or Genderfluid ☐ Unknown		
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Another race ☐ Unknown		
Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown		
Address (city, state, zip):		
Phone Number:		Email:
Parent or Legal Guardian Name (if patient <18 years of age):		
Parent or Legal Guardian Phone Number:		

ILLNESS INFORMATION:

Tested for pertussis: ☐ Yes ☐ No ☐ Unknown	Date of test (if known):
Treatment prescribed for pertussis: ☐ Yes ☐ No ☐ Unknown	If yes, specify antibiotic:
Given instructions to isolate at home: ☐ Yes ☐ No ☐ Unknown	
Exposed to a person who tested positive for pertussis: ☐ Yes ☐ No ☐ Unknown If yes, describe exposure:	
Cough (any type): ☐ Yes ☐ No ☐ Unknown	If yes, cough onset date or approximate duration:
Paroxysmal (sudden, violent) cough: ☐ Yes ☐ No ☐ Unknown Post-tussive vomiting: ☐ Yes ☐ No ☐ Unknown Whoop cough: ☐ Yes ☐ No ☐ Unknown Apnea: ☐ Yes ☐ No ☐ Unknown	