West Virginia Bureau for Public Health
Department of Health & Human Resources
Your Health Your Safety Our Purpose

Pertussis Outbreak Linelisting Form

Name of outbreak: | **Date first reported:** | **Setting:**

Local Health Department:

Name	Date of Birth	Sex	Cough (Y/N)	Cough Onset Date	Cough Duration (days)	Paroxysms of coughing (Y/N)	Inspiratory Whoop (Y/N)	Post-tussive Vomiting (Y/N)	Lab test (Y/N) if Y type of test, date and result	Case status (Confirmed/ Probable)	Relation to Index Case	Antibiotic received (Y/N) if Y name and # of days taken	Contact tracing completed (Y/N)	Parent / guardian / phone #

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