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

Contact Line Listing for Pertussis Outbreak Management

Name of Case (Patient): **Date Onset of Illness:** **Infectious Period: ___/___/_____ to ___/___/_____**

Contact Name	Date of Birth	Phone number	Relation to Case	Gender	Date/s of exposure		Cough (Y/N)*	Received Antibiotics (Y/N) If yes, list type and start date	Outcome: (received PEP/ case status ascertained via WVEDSS/ lost to follow-up)
					from:	to:			

*If yes, transfer to outbreak line list and ascertain case status using WVEDSS form

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