

Contact Line List for Pertussis Outbreaks

Name of Case: _____ Date of Illness Onset: _____ Infectious Period: ___/___/___ to ___/___/___

Contact Name	Age	Sex	Phone number	Relation to Case	Date/s of Exposure		Cough (Y/N)*	Antibiotic Use		Outcome: (Received PEP, Became a Case, or Lost to Follow-up)
					From:	To:		Received Antibiotics (Y/N)	If Yes, List Type and Start Date	

