

**\*Confirmed and probable cases must have a cough duration of at least 14 days (any duration for infants <1) AND one additional symptom. Refer to the flow chart for additional help with class classification.**



### Pertussis Outbreak Linelisting Form

**Name of outbreak:** \_\_\_\_\_ **Date first reported:** \_\_\_\_\_ **Setting:** \_\_\_\_\_

**Local Health Department:** \_\_\_\_\_

Name	Age	Sex	Cough Information (must have a cough)			Symptoms (must have at least 1)			Lab test (Y/N) if Y type of test, date and result	Case status (Confirmed/ Probable/ Not a case)*	Relation to Index Case	Antibiotic received (Y/N) if Y name and # of days taken	Contact tracing completed (Y/N)	Parent / guardian / phone #
			Cough (Y/N)	Cough Onset Date	Cough Duration (days)	Paroxysms of coughing (Y/N)	Inspiratory Whoop (Y/N)	Post- tussive Vomiting (Y/N)						