SURVEILLANCE OF WHOOPING COUGH – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT / Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial No: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH Office

A. PARTICULARS OF PATIENT *(Please tick (✓) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age ☐☐/☐☐ (y y / m m)	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS Division (district)	9. MOH area
	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify) .....

12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no
- ☐ 3. not known

} skip to Q. 21

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital .....

19. Was patient transferred from some other hospital?
☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from? .....

21. Outcome of the case
- ☐ 1. cured ☐ 3. transferred
- ☐ 2. died ☐ 4. not known

C. CLINICAL DATA

Case definition: a person with a paroxysmal cough (in older children, a cough lasting more than 2 weeks) with at least one of the following: inspiratory whooping, post-tussive vomiting (vomiting after coughing) and subconjunctival haemorrhage, without other apparent cause

22. **Symptoms and signs**
- ☐ 1. cough – for 2 weeks
- ☐ 2. whoop
- ☐ 3. vomiting after a bout of coughing
- ☐ 4. subconjunctival haemorrhage
- ☐ 5. shortness of breath
- ☐ 6. others (specify) .....
- ☐ 7. not known

23. **Complications**
- ☐ 1. none
- ☐ 2. encephalopathy
- ☐ 3. pneumonia
- ☐ 4. others (specify) .....
- ☐ 5. not known

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Compatible with the case definition:
- ☐ 1. Yes
- ☐ 2. No

D. LABORATORY DATA

24. Were any laboratory investigations performed? ☐ 1. yes ☐ 2. no ☐ 3. not known

25. If yes, details of the investigations:

1. Investigation results	**WBC/DC** Total count: Lymphocytes:..... % Neutrophils : ..... %	**Polymerase Chain Reaction (PCR)** ☐ 1. positive ☐ 2. negative ☐ 3. not known ☐ 4. not done	**Isolation of organism (swab/culture)** ☐ 1. positive → biotype: ☐ *B. pertussis* ☐ *B. parapertussis* ☐ 2. negative ☐ 3. not known ☐ 4. not done
2. Date of specimen collection			
3. Laboratory (MRI/govt./private)			

26. Was the patient treated with antibiotics? ☐ 1. yes ☐ 2. no ☐ 3. not known

27. If yes, details of antibiotic treatment:

Name of antibiotic/s given	Duration of use (days)
1.	
2.	
3.	

28. Diagnosis/probable diagnosis of the patient (please obtain from a physician or from a valid document)

☐ 1. whooping cough ☐ 2. whooping cough like illness ☐ 3. not known

E. VACCINATION STATUS

29. Was the patient vaccinated with DPT vaccine before the onset of the disease? ☐ 1. yes ☐ 2. no ☐ 3. not known

30. If yes, details of the vaccination status at disease onset:

Dose	Date of vaccination*	Place of vaccination**	Batch number
DPT 1			
DPT 2			
DPT 3			
DPT 4			

* If the date is not known but the particular dose has been given, mark (3) in the relevant cage
** MOH clinic/ govt. hospital/ private dispensary/ private hospital/ others/ not known

F. INVESTIGATION OF CONTACTS

31. Has the patient been in contact with anyone with a similar illness 3 weeks before the illness?

☐ 1. yes ☐ 2. no ☐ 3. not known

(if yes, fill rows 1 – 2 with details; use a separate sheet if need more space).

32. Has anyone of the patient's household or other close contacts developed a similar illness **following the development of whooping cough in the patient?**

☐ 1. yes ☐ 2. no ☐ 3. not known

(if yes, fill rows 3 – 6 with details; use a separate sheet if more space is needed).

	Name	Age	Sex	Symptoms/ probable diagnosis	Relationship to patient	DPT vaccination status			
						No. of doses given	Last date of vaccination	Not given	Not known
31a. contacts with a similar disease **prior to onset** of illness in the patient	1								
	2								
32a. contacts of the patient who developed similar illness **after the development** of illness in the patient	3								
	4								
	5								
	6								

33. Remarks: .....

.....

Signature: ..... Name: .....

Date: ..... Designation: .....

Please return to:
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