



Pertussis (*Bordetella pertussis*)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, as a guide when investigating pertussis reports. For more detailed information, refer to the pertussis disease chapter which can be accessed via:

<https://www.nj.gov/health/cd/topics/pertussis.shtml>

- Review reported laboratory result(s) to understand what has been reported
 - Culture and polymerase chain reaction (PCR) positive results will meet laboratory criteria
 - Serology results, while not confirmatory, may indicate disease and should be investigated to determine if case meets clinical case definition
 - A case can still meet clinical case definition with no laboratory testing (or negative results)
 - Single cases of *Bordetella paraptussis* are not reportable

- Obtain relevant clinical and epidemiologic information
 - Interview medical provider
 - It is important to speak with someone in the office. Please do not rely only on faxing case investigation forms.
 - Inquire about cough onset/duration and presence of whoop/paroxysms/posttussive vomiting/apnea
 - If case was asymptomatic, why was test ordered?
 - If provider states they are not diagnosing with pertussis, request the alternate diagnosis (and/or inquire as to reason for ordering test)
 - Inquire about appropriate treatment for pertussis, type and dates of antibiotics prescribed
 - Interview case/guardian – this is extremely important
 - If initial contact information is unavailable or incorrect:
 - medical providers may have alternate contact info on file
 - NJIS is a great resource
 - reverse search on the address or tax records are also possible sources of alternate contact information.
 - Verify case's demographic info (e.g., spelling of name, DOB, address, race/ethnicity, etc)
 - Verify symptoms (see below)
 - Obtain/document pertussis immunization dates
 - Exposure
 - Source of infection known?
 - Recent travel? (obtain details such as location, dates, flight information)
 - Other risk factors?



- Verify symptoms
 - Determine cough onset date and duration
 - Use a calendar, prompt with important events/holidays
 - If chronic cough, did nature of cough change? If so, when?
 - It is important to determine if the cough lasted at least 14 days, for cases with only serology or no laboratory testing
 - If 14 days have not yet elapsed from cough onset, follow up with case at day 14 or later to determine if cough is still present or has ceased
 - Did case experience whoop or paroxysms or posttussive vomiting or apnea? Please inquire about EACH of these symptoms
- Determine infectious & incubation periods
 - Infectious period: date of cough onset + 21 days (or through day 5 of appropriate antibiotics)
 - Incubation period: Date of last exposure to case while infectious + 21 days
- Identify close contacts exposed to case while infectious
 - Refer identified exposed close contacts to their primary medical provider for follow up and evaluation for PEP (regardless of pertussis immunization status)
 - Symptomatic contacts should be excluded from work, school, and activities until they have received medical evaluation and completed 5 days of appropriate antibiotics
 - Document assessment/prophylaxis of close contacts in the Contact Tracing section of CDRSS
 - Follow up with case/contacts at the end of one full incubation period to determine if any secondary cases occurred (those cases, in turn, should be investigated)
- Finalize CDRSS data entry, assign appropriate [case classification](#), and “LHD Close” case when investigation is complete:
 - Illness onset date, specifically cough onset date
 - Demographics (including race/ethnicity)
 - Signs/symptoms (including onset dates)
 - Cough, whoop, paroxysms, posttussive vomiting, apnea
 - Cough duration: \geq or $<$ 14 days
 - Risk factors
 - Hospital admission/discharge dates (if applicable)
 - Mortality
 - Immunizations (specifically, pertussis immunizations)
 - Treatment (document antibiotics administered to treat pertussis w/ dates)
 - Assessment/prophylaxis of close contacts
- As with all communicable disease investigations, please feel free to contact your Regional Epidemiologist or the Disease Subject Matter Expert with any questions