

## Line List for Pertussis Outbreaks

Outbreak Number: \_\_\_\_\_

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Demographics			Cough Information (Must Have a Cough)			Symptoms (Must Have at Least 1)			Lab Testing		Case status (C, P, or N)*	Relation to Index Case	Antibiotic received (Y/N) if Y name and # of days taken	Contact Tracing Completed (Y/N)	Parent or Guardian/ Phone #
Name	Age	Sex	Cough (Y/N)	Cough Onset Date	Cough Duration (days)	Paroxysms of Coughing (Y/N)	Inspiratory Whoop (Y/N)	Post-tussive Vomiting (Y/N)	Lab Testing (Y/N)	Testing Result and Type					

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\*C= Confirmed  
 \*P= Probable  
 \*N=Not a case

