

Contact Line List for Pertussis Outbreaks

Facility Name: _____

County: _____

Name of Case: _____

Demographics				Epi-linkage			Dates of Exposure		Symptoms		Vaccine Information		Public Health Action			Outcome
Contact Name	DOB	Sex	Phone Number	Relation to Case	Class or Room	Lives in Same Household? (Y/N)	From:	To:	Cough? (Y/N)	Cough Onset Date	Date of Last Dose	# of Doses	Received Antibiotics (Y/N)	If yes, list type and start date	Brought Up to Date on Vaccine? (Y/N)	Received PEP, Became a Case, or Lost to Follow-up

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