Close Contact (Exposed Individuals) Line List for Pertussis Outbreaks

Facility Name: _____ **County:** _____

Name of Case: _____ **Outbreak Number:** _____

Demographics			Epi-linkage				Dates of Exposure		Symptoms			Vaccine Information			Public Health Action			Outcome
Close Contacts Name (Exposed Individuals)	DOB	Phone Number	Relation to Case	Class or Room	Lives in same household? (Y/N)	At high risk for severe pertussis or lives with someone at high risk (Y/N)	From:	To:	Cough? (Y/N)	Cough Onset Date	Other:	Date of Last Dose	# of Doses	Up to Date (Y/N)	Received Antibiotics (Y/N)	If yes, list type and start date	Brought Up to Date on Vaccine? (Y/N)	Became a case, Not a case, Lost to follow up

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West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH