

Contact Line List for Pertussis Outbreaks

Name of Case: _____ Date of Illness Onset: _____ Infectious Period: ___ / ___ / ___ to ___ / ___ / ___

Contact Name	Age	Sex	Phone number	Relation to Case	Lives in same household (Y/N)	Date/s of Exposure		Cough (Y/N)*	Antibiotic Use	
						From:	To:		Received Antibiotics (Y/N)	If Yes, List Type and Start Date

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Outcome: (Received PEP, Became a Case, or Lost to Follow-up)

#NAME?