



Texas Department of State  
Health Services

Infectious Disease Control Unit, Texas Department of State Health Services  
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Pertussis Case Track Record		FINAL STATUS:	NBS PATIENT ID#:
		<input type="checkbox"/> CONFIRMED	
		<input type="checkbox"/> PROBABLE	
		<input type="checkbox"/> RULED OUT /NOT A CASE	NBS INVESTIGATION ID#:
Patient's Name: last first		Reported by:	
Address:		Agency:	
City:	County:	Zip:	Phone: (
Region:	Phone: (	Date reported:	
Parent/Guardian:		Investigated by:	
Physician:		Agency:	
Address:		Phone: (	
		Email:	
<input type="checkbox"/> Check box if history of homelessness in last 6 months		Investigation start date:	
		Date investigation completed:	
<b>DEMOGRAPHICS:</b> DATE OF BIRTH: AGE: PLACE OF BIRTH: USA Other: Unknown			
SEX: Male Female Unknown			
RACE: White Black Asian Native Hawaiian or Other Pac. Islander Am. Indian or Alaska Native Unknown Other:			
HISPANIC: Yes No Unknown			
Was the patient <12 months old? Yes No If yes, Mother's age at date of infant birth:			
Infant birth weight: lbs oz OR g OR Unknown			
If female, is patient currently pregnant? Yes No Unknown			
Obstetrician's name, address, and phone #:			
If yes, estimated date and location of delivery:			
<b>CLINICAL DATA:</b>		<b>TREATMENT:</b>	
Symptom onset date:		Were antibiotics given? Yes / No	
Diagnosis date:		Azithromycin: Date Started: for Days	
Illness end date:		Bactrim: Date Started: for Days	
Final Cough Duration (total # of days): Days		Clarithromycin: Date Started: for Days	
Symptoms:		Erythromycin: Date Started: for Days	
Paroxysmal Cough		Other: Date Started: for Days	
Inspiratory Whoop		Other: Date Started: for Days	
Post-tussive Vomiting			
Apnea (exclude cyanotic episode) (under 1 yr old only)			
Is the patient still coughing at final interview?.....			
Date of final interview:			
Additional Symptoms:		<b>Was the patient hospitalized for this illness?</b> Yes / No	
Acute Encephalopathy		Hospitalized at:	
Cyanosis after Paroxysm		Admitted: Discharged:	
Seizures (Focal or Generalized)		Duration of Stay: days	
Pneumonia Chest X-Ray		Did patient die? Yes*, died on: No Unknown	
Other			
Does patient have history of Asthma/Bronchitis?.....			

*\*If patient is <1 yr old, please fill out and fax the Pertussis Death Worksheet to 512-776-7616.*