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Pertussis / Whooping Cough (Bordetella pertussis) 1997 Case Definition | CDC  
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Explore Topics  
Search  
Search  
Clear Input  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View all  
Related Topics:  
NDC Application  
View All  
search  
close search  
search  
National Notifiable Diseases Surveillance System (NNDSS)  
Menu  
Close  
search  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
Related Topics  
NDC Application  
View All  
National Notifiable Diseases Surveillance System (NNDSS)  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
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Pertussis / Whooping Cough (  
Bordetella pertussis  
)  
1997 Case Definition  
Pertussis / Whooping Cough (  
Bordetella pertussis  
)  
1997 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
Clinical Description  
A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, without other apparent cause (as reported by a health professional)  
Laboratory Criteria For Diagnosis  
Isolation of  
Bordetella pertussis  
from clinical specimen  
Positive polymerase chain reaction (PCR) for  
B. pertussis  
Case Classification  
Probable  
Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case  
Confirmed  
A case that is culture positive and in which an acute cough illness of any duration is present; or a case that meets the clinical case definition and is confirmed by positive PCR; or a case that meets the clinical case definition and is epidemiologically linked directly to a case confirmed by either culture or PCR  
Comments  
The clinical case definition above is appropriate for endemic or sporadic cases. In outbreak settings, a case may be defined as a cough illness lasting at least 2 weeks (as reported by a health professional). Because direct fluorescent antibody testing of nasopharyngeal secretions has been demonstrated in some studies to have low sensitivity and variable specificity, such testing should not be relied on as a criterion for laboratory confirmation.  
1,2  
Serologic testing for pertussis is available in some areas but is not standardized and, therefore, should not be relied on as a criterion for laboratory confirmation.  
Both probable and confirmed cases should be reported nationally.  
References  
Broome CV, Fraser DW, English WJ. Pertussis--diagnostic methods and surveillance. In: Manclark CR, Hill JC, eds. International Symposium on Pertussis. Bethesda, MD: US Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, 1979; DHEW publication no. (NIH)79-1830:19-22.  
Halperin SA, Bortolussi R, Wort AJ. Evaluation of culture, immunofluorescence, and serology for the diagnosis of pertussis. J Clin Microbiol 1989;27:752-7.  
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What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
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Technical Resource Center  
Case Surveillance in Action  
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Policies  
Web Policies  
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Policies  
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