

SUSPECT PERTUSSIS FORM

Please complete the following information for suspect cases of pertussis. Return by fax to the ACD Nurse at Public Health Madison & Dane County at (608) 266-4858.

Suspect case of pertussis: A clinical syndrome or illness consistent or compatible with pertussis and without other apparent cause such as: 1) any acute cough illness lasting 7 or more days, 2) any acute cough illness with paroxysmal cough or inspiratory whoop, 3) any acute cough illness in a person who is a contact to a case of pertussis, or 4) any cough associated with apnea in an infant.

All individuals tested for pertussis should be immediately treated and isolated for 5 days.

INFORMATION:

Clinic name:	Phone:
Patient last name:	Patient first name:
DOB:	Patient gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient address:	
Phone number:	
Date tested:	
Test ordered: <input type="checkbox"/> PCR <input type="checkbox"/> Culture	
Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Patient isolation ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician name:	
Parent name (if patient <18 years of age):	
Parent work phone:	