



CDC • National Center for Immunization and Respiratory Diseases PERTUSSIS DEATH WORKSHEET



This supplemental worksheet should be used for all known laboratory-diagnosed or epidemiologically-linked pertussis-related deaths, whether or not the decedent meets the CSTE pertussis case definition requirements for reporting. This worksheet is not intended for use among decedents with clinical suspicion of pertussis in the absence of laboratory testing or epidemiologic linkage to another laboratory-confirmed case. At a minimum, pertussis should be listed as a discharge diagnosis, cause of death, or contributing condition. Information for this worksheet should be obtained from surveillance case investigations, hospital records, and/or death certificates. Where appropriate, this information should match the information reported through NNDSS to CDC.

Decedent State of Residence:

Decedent Information

Information Type	Information
State surveillance ID (if reported)	
County of residence	
State where death occurred	
Date of birth	
Country of birth	
Gestational age at birth (decedents <1 year of age only) [†]	
Cough onset date*	
Date of death	
Sex	
Race	
Ethnicity	

[†] Gestational age should be reported in weeks and should reflect the number of completed weeks of gestation at the time of death.

* If cough not apparent (e.g. infants presenting with apnea, cyanosis, etc.) enter date of symptom onset.

Clinical Symptoms, Complications, Lab Testing and Epidemiologic Linkage, check all that apply:

Clinical symptoms Cough Paroxysms Post-tussive vomiting Whoop Apnea
 Cyanosis Fever Rhinorrhea Other: None

Cough duration (days) Unknown

Pertussis laboratory results Culture⁺ PCR⁺ Serology⁺
 Respiratory Panel⁺: Other:

Complications experienced Pneumonia Encephalopathy Seizures Lymphocytosis
 Other: None

Was decedent hospitalized? Yes No Unknown

If yes, dates of hospital admission and discharge or death: (MM/DD/YYYY) through (MM/DD/YYYY)

Treatments/Interventions Antibiotics Start date: (MM/DD/YYYY)
 Intubation Date: (MM/DD/YYYY)
 ECMO Start date: (MM/DD/YYYY)
 Other (specify): Date: (MM/DD/YYYY)
 None Unknown

Epi-linked to a lab-confirmed case? Yes No Unknown

Family history of cough? Yes No Unknown

Underlying Health Issues, check all that apply: None Unknown

Please select any chronic or acute health conditions that the decedent had prior to his/her pertussis infection.

AIDS or CD4 count <200	Emphysema/COPD	Peripheral neuropathy
Alcohol abuse, current	Heart failure/CHF	Plegias/paralysis
Alcohol abuse, past	HIV infection	Pulmonary hypertension
Aspiration, history of	Hodgkin's Disease/lymphoma	Reactive airway disease
Asthma	Immunoglobulin deficiency	Seizure/seizure disorder
Atherosclerotic Cardiovascular Disease/CAD	Immunosuppressive therapy (steroids, chemo, radiation)	Sickle cell anemia
Bone marrow transplant (BMT)	IVDU, current*	Smoking, current*
Bronchopulmonary dysplasia (BMD), history of (also called chronic lung disease (CLD))	IVDU, past*	Smoking, past*
Cerebral vascular accident/stroke	Leukemia	Solid organ malignancy
Chronic kidney disease	Multiple myeloma	Solid organ transplant
Cirrhosis/liver failure	Multiple sclerosis	Splenectomy/asplenia
Complement deficiency	Nephrotic syndrome	Systemic lupus erythematosus (SLE)
Congenital heart disease	Neuromuscular disorder	Other chronic lung conditions
Current chronic dialysis	Obesity	Other prior illnesses:
Cystic fibrosis	Other drug use, current*	
Dementia	Other drug use, past*	
Diabetes mellitus	Parkinson's Disease	

*Current = within the previous 12 months. Past = more than 12 months ago.

Co-Infections and Other Diagnoses, check all that apply: None Unknown

Please select any diagnoses or other infections identified via laboratory testing during the decedent's pertussis illness.

Respiratory Syncytial Virus (RSV)	Influenza B	Other:
Rhinovirus	Parainfluenza	Other:
Coronavirus	human Metapneumovirus (hMPV)	Other:
Influenza A	Adenovirus	

Decedent Pertussis Vaccination History (complete if not already available on surveillance case report form)

Unvaccinated Unknown

Dose	Vaccine (DTP, DTaP, Tdap, etc.)	Date Administered	Manufacturer/Lot #
1			
2			
3			
4			
5			
6			
7			
8			

Data should be obtained from: provider medical records, immunization registries, shot cards/other family records, patient/parent report (no record), or school records.

Maternal Tdap History (For pertussis decedents <12 months of age only)

Unvaccinated Unknown

Dose	Date Administered	Pregnancy Status at Administration**	If Pregnant at Administration, Week of Pregnancy±	Delivery/Expected Delivery Date	Manufacturer/Lot #
1					
2					
3					
4					
5					
6					
7					
8					

**Pregnancy status responses include: Pregnant, Post-Partum, and Neither.
 ± Fill in the number of completed weeks of pregnancy at the time of mother's Tdap administration.

Post Mortem Examination and Death Certificate Information

Was a post-mortem exam done? Yes No Unknown

Is death certificate available? Yes No Unknown

Causes of death: Unknown

- a. ICD-10 code:
- b. ICD-10 code:
- c. ICD-10 code:
- d. ICD-10 code:

Contributing conditions: Unknown

- a. ICD-10 code:
- b. ICD-10 code:
- c. ICD-10 code:
- d. ICD-10 code: