

KANSAS NOTIFIABLE DISEASE FORM

Today's Date: ___ / ___ / ___

Patient's Name: _____		
Last	First	Middle
Day Phone: _____	Evening Phone: _____	
Residential Address: _____		
City: _____	Zip: _____	County: _____
Ethnicity:	Hispanic or Latino	Not Hispanic or Latino
		Unknown
Race: <i>(Circle all that apply)</i>		
American Indian/Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Islander	White	Unknown
Sex: M F	Date of Birth: ___ / ___ / ___	Age if DOB unknown: _____
Disease Name: _____		
Symptoms:	Onset: ___ / ___ / ___	List the 3 most prominent symptoms:
Symptom 1: _____	Symptom 2: _____	Symptom 3: _____
Outbreak associated? Y N	Died? Y N	Hospitalized? Y N
Institutional Residence? None Nursing Home	Correctional	Residential Hospital Psych
Physician Name: _____	Physician Phone: _____	
Laboratory Information:		
Specimen Collection Date: ___ / ___ / ___	Date Reported To You: ___ / ___ / ___	
Name of Test Performed: _____	Results of Test: _____	
Name of Laboratory: _____	Laboratory Results Attached? Y N	
Treatment Information:		
Date of Treatment: ___ / ___ / ___	Treatment Type and Dosage: _____	
Treatment Status:	Complete	On-going Discontinued

Name of person reporting: _____ **Phone:** _____

Organization/Company Name: _____

Comments: _____

Fax reports to the Sedgwick County Health Department (SCHD) at 316-660-5550 and to the KDHE Office of Surveillance and Epidemiology at 1-877-427-7318 (toll-free).

Questions? Call SCHD Epidemiology Hotline at 316-660-5555 or the KDHE Epidemiology Hotline at 1-877-427-7317 (toll-free).



Supplemental Pertussis Case Report Form



Sedgwick County... working for you

Pertussis cases or suspected cases are reportable by telephone to your county health department or the Kansas Department of Health and Environment (KDHE) within 4 hours of diagnosis (per Kansas Administrative Regulation 28-1-2). Public health's role is to assure appropriate treatment, prophylaxis, and exclusion in order to prevent the spread of pertussis to high-risk persons. The primary goal is to prevent disease and deaths due to pertussis in infants.

To report a suspected pertussis case to Public Health, please provide the following information *in addition to* completing the Kansas Notifiable Disease Form. **Fax both forms to the Sedgwick County Health Department's Epidemiologists at 316-660-5550 and to KDHE at 877-427-7318. An investigation will be started immediately.**

Patient Last Name _____ Patient First Name _____

Clinical Symptoms

Cough Onset Date ___/___/___ Cough duration _____ days Cough >= 2 weeks? Yes No

Paroxysmal cough? Yes No Date paroxysms started? ___/___/___

Inspiratory whoop? Yes No Posttussive emesis? Yes No

Apnea (infants)? Yes No Cyanosis? Yes No

Does the case have contact with any high risk* persons? Yes No

Is the case in daycare or school? Yes No

If yes, facility name (if known): _____

Pertussis vaccination history available? Yes No

If yes, please circle type and enter dates of all pertussis-containing vaccines:

DTP/DTaP/Tdap ___/___/___ DTP/DTaP/Tdap ___/___/___ DTP/DTaP/Tdap ___/___/___

DTP/DTaP/Tdap ___/___/___ DTP/DTaP/Tdap ___/___/___ DTP/DTaP/Tdap ___/___/___

If unimmunized, why? (Circle one)

Religious exemption

Medical contraindication

Previous disease

Parental refusal

Age <7 months

Unknown

Antibiotic treatment Yes No Date prescribed? ___/___/___

Antibiotic name _____ Duration _____

Was chemoprophylaxis given to household contacts and **high-risk*** close contacts? Yes No

If yes, please list names/relationship: _____

*High-risk close contacts of a pertussis case are defined as:

- Infants < 1 year old
- Pregnant women, particularly in the 3rd trimester of pregnancy
- Anyone who may expose infants < 1 year old or pregnant women (e.g., members of a household with infants or pregnant women, child care workers who take care of infants < 1 year old, health care workers with face-to-face contact with infants < 1 year old or pregnant women, childbirth educators).