Outbreak Summary Report for PERTUSSIS Cluster

MDH Outbreak #__________
Date of Summary Report _______
County: _____________________

I. INTRODUCTION:
Date outbreak initially reported to LHD _____________________
Person reporting outbreak to LHD ___________________________
Person(s) at LHD conducting the investigation _______________________________________________________
Date LHD reported outbreak to MDH _____________________________________________________________
Contact person for outbreak in the Immunization Division (Name & phone #) ______________________________
Contact person for outbreak in the Outbreak Division (Name & phone #) ______________________________

II. BACKGROUND:
Total number of cases _____
Lab confirmed _____
Other _____

III. CLINICAL RESULTS:
Cases
# ill
Onset of First Case __/__/____
Onset of Last Case  __/__/____
Suspected Incubation Period (based on date between exposure to a case and onset of symptoms): _____ days
Duration of Cough: Mean: ___ days
Shortest: ___ days
Longest: ___ days
Were all cases in the same household? YES NO
If no, please list common factor among cases (i.e. school, work, neighbors, etc.) __________________________
________________________________________________________
________________________________________________________
Did any of the cases attend school or daycare? YES NO
If yes, please list name of school __________________________

Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxysmal cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whoop</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Post-tussive vomiting</td>
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<tr>
<td>Apnea (if &lt;1 year old)</td>
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</tr>
</tbody>
</table>

Did anyone visit a doctor or health clinic for treatment during this outbreak? YES NO
If yes, list number _______
Was anyone hospitalized as a result of this outbreak? YES NO
If yes, list number _______
Were there any deaths among persons listed as cases during this outbreak?  YES  NO
If yes, list number ______

*Immunization History*

For all cases under the age of 18 years:

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th># doses received</th>
<th>Is this in accordance with Maryland’s immunization recommendations for this age?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Case 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Case 3</td>
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<td></td>
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<tr>
<td>Case 4</td>
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<tr>
<td>Case 5</td>
<td></td>
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</tr>
</tbody>
</table>

If more than 5 cases under the age of 18 years were identified during the investigation please summarize information below:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**IV. LABORATORY AND DIAGNOSTIC RESULTS:**

<table>
<thead>
<tr>
<th>Test</th>
<th>Number Conducted</th>
<th>Number Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray (CXR)</td>
<td>Number performed</td>
<td>Number positive</td>
</tr>
</tbody>
</table>

**V. CONCLUSION(S):** (complete either #1a. or #1b., and #2 - 6)

1. The suspected source of the outbreak (based on results of case interviews, laboratory results, and any other information collected during the investigation) was:

____________________________________________________________________________________
____________________________________________________________________________________

2. What recommendations were issued to contain this outbreak and when, and when? ---

<table>
<thead>
<tr>
<th>Date</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/__/</em></td>
<td>___________________________</td>
</tr>
<tr>
<td><em>/__/</em></td>
<td>___________________________</td>
</tr>
</tbody>
</table>

3. Please note any other pertinent information.

____________________________________________________________________________________

CC LIST ________________________
________________________
________________________