



Pertussis

Merlin reporting code = 03390
 Case report form (CRF): [Pertussis Surveillance Worksheet](#)
MERLIN EXTENDED DATA REQUIRED

Clinical description

- A. Acute cough illness of any duration
- B. Cough illness lasting ≥ 2 weeks
- C. **One** of the following signs and symptoms:
 - Paroxysms of coughing
 - Inspiratory "whoop"
 - Posttussive vomiting
 - Apnea, with or without cyanosis (FOR INFANTS AGED < 1 YEAR ONLY).

Laboratory criteria for case classification

- D. Isolation of *Bordetella pertussis* by culture from clinical specimen
- OR
- E. Positive polymerase chain reaction (PCR) for *B. pertussis*.

Epidemiological criteria for case classification

- F. Epidemiologically linked to a confirmed case
- OR
- G. Epidemiologically linked to a PCR-confirmed probable infant case.

Case classification

Confirmed:

- Acute cough illness of any duration (A) with isolation of *B. pertussis* by culture from a clinical specimen (D),
- OR
- Cough illness lasting ≥ 2 weeks (B) with one at least other symptom (C) and positive PCR for *B. pertussis* (E),
- OR
- Cough illness lasting ≥ 2 weeks (B) with one at least other symptom (C) that is epidemiologically linked to a confirmed case (F).

Probable:

- Cough illness lasting ≥ 2 weeks (B) with at least one other symptom (C),
- OR
- FOR INFANTS AGED < 1 YEAR ONLY: Acute cough illness of any duration (A) with at least one other symptom (C) and positive PCR for *B. pertussis* (E),
- OR
- FOR INFANTS AGED < 1 YEAR ONLY: Acute cough illness of any duration (A) with at least one other symptom (C) that is epidemiologically linked to a confirmed case (F) or PCR-confirmed probable infant case (G)
- OR
- Cough illness lasting ≥ 2 weeks (B) with at least one other symptom (C) that is epidemiologically linked ONLY to a PCR-confirmed probable infant case (G).

Comments

The clinical description 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^{1,2}, such testing should not be relied on as a criterion for laboratory confirmation. Serologic testing (IgM and IgG) for pertussis is available in some areas but is not standardized and, therefore, should not be relied on as a criterion for laboratory confirmation.

References

1. 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.
2. Halperin SA, Bortolussi R, Wort AJ. Evaluation of culture, immunofluorescence, and serology for the diagnosis of pertussis. *J Clin Microbiol* 1989;27:752-7.

Questions about pertussis follow-up should be directed to the Department of Health Immunization Program at (850) 245-4342.

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