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. A person who is epidemiologically linked to a confirmed case
OR
G. A person who is 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\textsuperscript{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