

**Iowa Department of Public Health
Pertussis Outbreak Worksheet**

Case Name: _____ IDSS #: _____ Address: _____ Phone: _____ School/Etc _____

Ref #	Name	Age	Phone	County of Residence	Case/epi-link/close contact	Cough onset date	Signs and Symptoms	NP swab date	Antibiotics (type/date started)	Setting	Relationship	Other Concerns
1												
2												
3												
4												
5												
6												
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11												
12												
13												
14												
15												
16												
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Ref #	Name	Age	Phone	County of Residence	Case/epi-link/close contact	Cough onset date	Signs and Symptoms	NP swab date	Antibiotics (type/date started)	Setting	Relationship	Other Concerns
18												
19												
20												
21												
22												
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36												
37												
38												
39												
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41												
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