

26. Was the patient treated with antibiotics? 1. yes 2. no 3. not known

27. If yes, details of antibiotic treatment:

Name of antibiotic/s given	Duration of use (days)
1.	
2.	
3.	

28. Diagnosis/probable diagnosis of the patient (please obtain from a physician or from a valid document)

1. whooping cough 2. whooping cough like illness 3. not known

E. VACCINATION STATUS

29. Was the patient vaccinated with DPT vaccine before the onset of the disease? 1. yes 2. no 3. not known

30. If yes, details of the vaccination status at disease onset:

Dose	Date of vaccination*	Place of vaccination**	Batch number
DPT 1			
DPT 2			
DPT 3			
DPT 4			

* If the date is not known but the particular dose has been given, mark (✓) in the relevant cage

** MOH clinic/ govt. hospital/ private dispensary/ private hospital/ others/ not known

F. INVESTIGATION OF CONTACTS

31. Has the patient been in contact with anyone with a similar illness 3 weeks before the illness?

1. yes 2. no 3. not known

(if yes, fill rows 1 – 2 with details; use a separate sheet if need more space).

32. Has anyone of the patient's household or other close contacts developed a similar illness **following the development of whooping cough in the patient?**

1. yes 2. no 3. not known

(if yes, fill rows 3 – 6 with details; use a separate sheet if more space is needed).

	Name	Age	Sex	Symptoms/ probable diagnosis	Relationship to patient	DPT vaccination status			
						No. of doses given	Last date of vaccination	Not given	Not known
31a. contacts with a similar disease prior to onset of illness in the patient	1								
	2								
32a. contacts of the patient who developed similar illness after the development of illness in the patient	3								
	4								
	5								
	6								

33. Remarks:

Signature: Name:.....

Date: Designation:

Please return to:

Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10

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