**UKHSA severe or fatal pertussis disease surveillance form for infants and children**

This form is to collect details of fatal and serious (requiring [level 3 Paediatric Intensive Care](https://www.e-lfh.org.uk/wp-content/uploads/2021/06/Explanation-of-Paediatric-Critical-Care-Levels.pdf) support) paediatric cases of pertussis, aged less than 17 years, in England. This data is being collected as part of the routine surveillance of pertussis vaccine programmes undertaken by UKHSA under Section 60 of the Health and Social Care Act 2001 (now subsumed into the National Information Governance Board for Health and Social Care, with Section 60 now Section 251 of the NHS ACT 2006). This permits UKHSA to process confidential patient information for the purposes of monitoring the efficacy and safety of the vaccination programme with exemption for the requirement for consent. This form is designed to be completed by local health protection team (HPT) staff in collaboration with clinical and Screening and Immunisation Team (SIT) colleagues to support national pertussis vaccine programme surveillance and monitoring so that we can continue to support policy decisions with high quality data.

**A. Background of infant or child**

|  |
| --- |
|   |

|  |
| --- |
|  |

1. NHS number: 2. HPZone/CIMS ref:
2. DOB: Click or tap to enter a date. 4. Gestational age at birth: Choose an item.

|  |
| --- |
| 1. Place of birth (hospital name):
 |
| 1. Congenital or other comorbidities at birth:
 |

1. Infant or child ethnicity: Choose an item. 8. Singleton, twin or above: Choose an item.

**B. Clinical details**

|  |  |
| --- | --- |
| 1. Date of pertussis symptom onset
 | Click or tap to enter a date. |
| 1. Main pertussis symptoms
 |  |
| 1. Lab confirmed respiratory or invasive co-infections
 |  |
| 1. Did the case have close contact with another pertussis case?

Choose an item. | 1. Was the pertussis contact lab confirmed?

Choose an item. |

**C. Maternal information (where case aged under 4 years)**

1. Mother’s DOB: Click or tap to enter a date. 15. Mother’s ethnicity: Choose an item.
2. Is the mother’s first language English? Choose an item.

|  |
| --- |
|  |

1. Mother’s parity (at time of and including this birth)
2. Was the antenatal care for this pregnancy provided in the UK? Choose an item.
3. Was maternal vaccination locally being delivered by a. GP practices [ ]

(Please tick both if applicable) b. Maternity services [ ]

**If GP practice has no record of maternal pertussis vaccination this should be escalated to the Screening and Immunisation team to review and resolve**.

|  |  |
| --- | --- |
| Comments: |  |

1. Was the mother offered pertussis vaccine during this pregnancy? Choose an item.
2. Please complete details of vaccine given in this and any previous pregnancies below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maternal vaccine | Was the mother vaccinated against pertussis? | Date of vaccination | Vaccine name | Batch number |
| Whilst pregnant with this child | Choose an item. | Click or tap to enter a date. |  |  |
| Previous pregnancy 1 | Choose an item. | Click or tap to enter a date. |  |  |
| Previous pregnancy 2 | Choose an item. | Click or tap to enter a date. |  |  |
| Previous pregnancy 3 | Choose an item. | Click or tap to enter a date. |  |  |

1. Gestational age at vaccination whilst pregnant with this child Choose an item.
2. Other vaccines administered in this pregnancy: None [ ]  RSV [ ]  Flu [ ]  COVID-19 [ ]

**D. Infant case aged at least 8 weeks at pertussis onset:**

1. Number of doses of pertussis-containing vaccine (DTaP-IPV-Hib-HepB primary and/or dTaP-IPV booster doses) administered: Choose an item. – and provide details below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date administered | Vaccine name | Batch number |
| Dose 1 | Click or tap to enter a date. |  |  |
| Dose 2 | Click or tap to enter a date. |  |  |
| Dose 3 | Click or tap to enter a date. |  |  |
| Dose 4 (booster) | Click or tap to enter a date. |  |  |

**Outcome details**

1. Please describe the current status of the infant/ child Choose an item.
2. If died, date of death Click or tap to enter a date.

|  |
| --- |
|  |

1. If died, cause of death where known:
2. Is the death being reviewed by a coroner? Choose an item.

|  |
| --- |
| Further comments: |

Thank you for your help in obtaining these details that are important for vaccine effectiveness estimates and national surveillance of the pertussis vaccine programmes.

Please return to phe.pertussis@nhs.net if you use an nhs.net account or pertussis@ukhsa.gov.uk from an ukhsa.gov.uk account.