

PERTUSSIS (WHOOPING COUGH) NOTIFICATION TO PUBLIC HEALTH - WELLINGTON REGION

During national and local outbreaks, phone follow-up will be prioritised for high-risk cases and contacts only.
Low-risk cases and contacts will receive a letter and factsheet.

Name of notifying GP:				Practice:				
First name:			Surname:			DOB:		
Address:								
Phone:			NHI:		GP:			
Sex:	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Indeterminate		Pregnant?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Ethnicity (select all that apply):	<input type="radio"/> NZ European	<input type="radio"/> Māori	<input type="radio"/> Samoan	<input type="radio"/> Tongan	<input type="radio"/> Niuean	<input type="radio"/> Indian	<input type="radio"/> Chinese	
	<input type="radio"/> Cook Island	<input type="radio"/> Other (please specify):						
Language spoken:					Interpreter required?	<input type="radio"/> Yes	<input type="radio"/> No	
Occupation:			Workplace/School/ECC:			Last day at work/school:		
Does the patient have a disability?						<input type="radio"/> Yes	<input type="radio"/> No	
Does the patient live in shared accommodation? (e.g. hostels, university halls, shelter)						<input type="radio"/> Yes	<input type="radio"/> No	

CONTACT TRACING

Does the patient's HOUSEHOLD include any of the following HIGH RISK people?

Young babies <12 months of age	<input type="radio"/> Yes	<input type="radio"/> No
Pregnant women, especially last trimester	<input type="radio"/> Yes	<input type="radio"/> No
People who work with young babies e.g. at Early Childhood Centres	<input type="radio"/> Yes	<input type="radio"/> No
Healthcare workers including midwives	<input type="radio"/> Yes	<input type="radio"/> No
Anyone who is immunocompromised	<input type="radio"/> Yes	<input type="radio"/> No

Please advise patient of the diagnosis before notifying Public Health

CLINICAL SYMPTOMS (select all that apply and include dates of onset):

<i>Cough for more than 2 weeks</i>	<input type="radio"/> Yes	<input type="radio"/> No	Start date:
<i>Paroxysmal cough</i>	<input type="radio"/> Yes	<input type="radio"/> No	Start date:
<i>Cough ending in vomiting, cyanosis or apnoea</i>	<input type="radio"/> Yes	<input type="radio"/> No	Start date:
<i>Inspiratory whoop</i>	<input type="radio"/> Yes	<input type="radio"/> No	Start date:
<i>Any other symptoms? (please specify):</i>			
Hospitalised?	<input type="radio"/> Yes	<input type="radio"/> No	Date:

TESTING

PCR	<input type="radio"/> Yes	<input type="radio"/> Not done	<input type="radio"/> Awaiting results
Contact with a confirmed case of Pertussis e.g. sibling, work colleague	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

PATIENT MANAGEMENT

Preferred treatment: Azithromycin 5 days (alternative/Erythromycin for 14 days)	<input type="radio"/> Yes
Other antibiotic (specify):	<input type="radio"/> Yes
No medication as patient has had cough >21 days	<input type="radio"/> Yes
Exclude from work/school/childcare until 2 days of Azithromycin or 5 days of alternative antibiotic, unless cough >21 days	<input type="radio"/> Yes

Notify Public Health within 24 hours by email form to rph@huttvalleydhb.org.nz