

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.

Person notifying:		Organisation:	
First name:	Surname:		DOB:
Phone:	NHI:	Usual GP:	
Email address:		Interpreter required? <input type="radio"/> Yes <input type="radio"/> No	
Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender	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):		
Attends/works in healthcare or education including Early Learning Centres?			<input type="radio"/> Yes <input type="radio"/> No
If YES, name and area of the facility:			
Last day at work/school:			
Lives in shared communal accommodation? (e.g. hostels, university halls, shelter)			<input type="radio"/> Yes <input type="radio"/> No
If YES, name and area of the facility:			

CONTACT TRACING

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

Advice for prescribing prophylactic antibiotics for these groups is accessible at [3D HealthPathways](#)

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 Learning Centres	<input type="radio"/> Yes <input type="radio"/> No
Healthcare workers including midwives	<input type="radio"/> Yes <input type="radio"/> No
Anyone or at risk of severe illness due to e.g. immunodeficiency, chronic respiratory	<input type="radio"/> Yes <input type="radio"/> No

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	
<i>Inspiratory whoop</i>	<input type="radio"/> Yes <input type="radio"/> No	
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

Thank you for completing this form and emailing it to rph@huttvalleydhb.org.nz within 24 hours of advising the patient of their diagnosis.