

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

Patient details

First name	<input type="text"/>	Surname	<input type="text"/>
Usual GP	<input type="text"/>	Date of birth	<input type="text" value="DD/MM/YYYY"/>
Interpreter required?	<input type="radio"/> Yes <input type="radio"/> No	NHI	<input type="text"/>
Email address	<input type="text"/>	Phone	<input type="text"/>
Sex	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	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="text"/>
	<input type="radio"/> Cook Island Maori <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	<input type="text"/>		
Last day at work/school	<input type="text" value="DD/MM/YYYY"/>		
Lives in shared communal accommodation? (e.g. hostels, university halls, shelter)	<input type="radio"/> Yes <input type="radio"/> No		
If YES, name the area and the facility	<input type="text"/>		

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):

Cough for more than 2 weeks	<input type="radio"/> Yes <input type="radio"/> No	Start date:	<input type="text" value="DD/MM/YYYY"/>
Paroxysmal cough	<input type="radio"/> Yes <input type="radio"/> No	Start date:	<input type="text" value="DD/MM/YYYY"/>
Cough ending in vomiting, cyanosis or apnoea	<input type="radio"/> Yes <input type="radio"/> No		
Inspiratory whoop	<input type="radio"/> Yes <input type="radio"/> No		
Hospitalised?	<input type="radio"/> Yes <input type="radio"/> No	Date:	<input type="text" value="DD/MM/YYYY"/>

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 <input type="text"/>	
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 GW-NPHSDiseaseNotifications@tewhatuora.govt.nz within 24 hours of advising the patient of their diagnosis.

Reset pdf form

Health New Zealand
Te Whatu Ora