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| Pertussis Notification Form |
| To | **Te Mana Ora |Community and Public Health****CW-NPHS-HealthProtection@tewhatuora.govt.nz** | Attention | **Medical Officer of Health** | Date |  |
| Region(select one of the following) | [ ]  Waitaha | Canterbury[ ]  South Canterbury[ ]  Te Tai o Poutini | West Coast |
| **CAUTION:** Kia ora. This information is **legally privileged and confidential**. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Ngā mihi / thank you. |
| **Case identification**Family Name, Given Name Address   | **Phone**Home Work Mobile  |
| **Date of birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Age [ ]  Days [ ]  Months [ ]  YearsNHI [ ]  Male [ ]  Female | **Ethnicity** [ ]  NZ European [ ]  Māori[ ]  Samoan [ ]  Niuean [ ]  Tongan[ ]  Cook Is Māori [ ]  Chinese [ ]  Indian[ ]  Other …………………………………………………. |
| **Case demography** Occupation Work / School / Preschool  Recent travel history: [ ]  Yes [ ]  No If Yes, where   |
| **Basis of diagnosis**1. Cough for more than 2 weeks [ ]  Yes [ ]  No [ ]  Unknown
2. Paroxysmal cough [ ]  Yes [ ]  No [ ]  Unknown
3. Cough ending in vomiting or apnoea [ ]  Yes [ ]  No [ ]  Unknown
4. Inspiratory whooping [ ]  Yes [ ]  No [ ]  Unknown

Isolation of B. pertussis or DNA [ ]  Yes [ ]  No [ ]  Not done [ ]  Awaiting resultsLaboratory test [ ]  PCR [ ]  Culture [ ]  Serology | **Fits clinical description**(Clinically compatible characterised by cough, and one or more of 2,3,4.)[ ]  **Yes** [ ]  **No** [ ]  **Unknown**Onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Date of swab: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| **Epidemiological criteria** Contact with a laboratory confirmed case of pertussis [ ]  Yes [ ]  No [ ]  Unknown |
| **Case status** [ ]  Under investigation [ ]  Suspect [ ]  Probable [ ]  Confirmed [ ]  Not a case |
| **Immunisation status** At any time prior to onset had case received a pertussis vaccination [ ]  **Yes** [ ]  **No** [ ]  **Unknown** |
|  **First Dose** [ ]  Yes [ ]  Unknown Date given Or age when dose given  Source of Information [ ]  Patient / Caregiver recall [ ]  Documented |
|  **Second Dose** [ ]  Yes [ ]  Unknown Date given Or age when dose given  Source of Information [ ]  Patient / Caregiver recall [ ]  Documented |
|  **Third Dose** [ ]  Yes [ ]  Unknown Date given Or age when dose given  Source of Information [ ]  Patient / Caregiver recall [ ]  Documented |
|  **Fourth Dose** [ ]  Yes [ ]  Unknown Date given Or age when dose given  Source of Information [ ]  Patient / Caregiver recall [ ]  Documented |
|  **Fifth Dose** [ ]  Yes [ ]  Unknown Date given Or age when dose given  Source of Information [ ]  Patient / Caregiver recall [ ]  Documented |
| **Management** (refer to HealthPathways for definitions and details). **Have household members been given prophylaxis to protect:**1. Vulnerable contacts? (<1 year olds, those with chronic illness or immunocompromised, etc.) [ ]  Yes [ ]  No
2. Contacts expected to be in contact with a vulnerable person?

 (Midwife, preschool worker, health care workers, women in last month of pregnancy, etc.) [ ]  Yes [ ]  No1. Is there any contact outside the household who requires follow up for prophylaxis? [ ]  Yes [ ]  No
2. Has the case been advised of isolation requirements if still infectious? [ ]  Yes [ ]  No
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| **Notifier identification** Doctor’s name Surgery name  | Phone Email  |