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| Pertussis Notification Form | | | | | | | | | |
| To | **Te Mana Ora |Community and Public Health**  [**CW-NPHS-HealthProtection@tewhatuora.govt.nz**](mailto: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  Years  NHI  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 results  Laboratory 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  No   1. 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 | | | | | | | | | | |
| **Notifier identification** Doctor’s name  Surgery name | | | | | | | Phone  Email | | | |