##### PERTUSSIS (WHOOPING COUGH) NOTIFICATION TO PUBLIC HEALTH – HAWKE’S BAY 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.

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| Person notifying: | | | | | | | Organisation: | | | | | | | | |
| First name: | | | | | | Surname: | | | | | | DOB: | | | |
| Phone: | | | | | NHI: | | | Usual GP: | | | | | | | |
| Email address: | | | | | | | | | Interpreter required? | | | | ◯ Yes | | ◯ No |
| Sex: | ◯ Male | | ◯ Female | | ◯ Another gender | | | Pregnant? | | ◯ Yes | ◯ No | | | ◯ N/A | |
|  | |  | |  | | | | | | | | | | | |
| Attends/works in healthcare or education including Early Learning Centres? | | | | | | | | | | | | | ◯ Yes | | ◯ No |
| If YES, name of the facility (if known): | | | | | | | | | | | | | | | |
| Lives in shared communal accommodation? (e.g. hostels, university halls, shelter) | | | | | | | | | | | | | ◯ Yes | | ◯ No |
| If YES, name of accommodation (if known): | | | | | | | | | | | | | | | |

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| **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** [**add**](https://3d.communityhealthpathways.org/13614.htm) **link** | | |
| Young babies <12 months of age | ◯ Yes | ◯ No |
| Pregnant women, especially last trimester | ◯ Yes | ◯ No |
| People who work with young babies e.g. at Early Learning Centres | ◯ Yes | ◯ No |
| Healthcare workers including midwives | ◯ Yes | ◯ No |
| Anyone at risk of severe illness due to e.g. immunodeficiency, chronic respiratory | ◯ Yes | ◯ No |

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| **CLINICAL SYMPTOMS (select all that apply and include dates of onset):** | | | |
| *Cough for more than 2 weeks* | ◯ Yes | ◯ No | Start date: |
| *Paroxysmal cough* | ◯ Yes | ◯ No | Start date: |
| *Cough ending in vomiting, cyanosis or apnoea* | ◯ Yes | ◯ No |  |
| *Inspiratory whoop* | ◯ Yes | ◯ No |  |
| **Hospitalised?** | ◯ Yes | ◯ No | Date: |

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| **TESTING** | | | | | | |
| **PCR** | ◯ Yes | | ◯ Not done | | ◯ Awaiting results | |
| **Contact with a confirmed case of Pertussis e.g. sibling, work colleague** | | ◯ Yes | | ◯ No | | ◯ Unknown |

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| **PATIENT MANAGEMENT** | |
| Preferred treatment: Azithromycin 5 days (alternative/Erythromycin for 14 days) | ◯ Yes |
| Other antibiotic (specify): | ◯ Yes |
| No medication as patient has had cough >21 days | ◯ Yes |
| Exclude from work/school/childcare until 2 days of Azithromycin or 5 days of alternative antibiotic,  unless cough >21 days | ◯ Yes |
| ***Thank you for completing this form and emailing it to: pso.commsdisease@hbhdb.govt.nz*** | | |