##### PERTUSSIS (WHOOPING COUGH) NOTIFICATIONTO 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 |
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| 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***  |