

Pertussis (Whooping Cough) Notification to Public Health

During National and Local outbreaks, telephone follow up will be prioritised for high risk contacts only. Low risk contacts will receive a letter and fact sheet.

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| Name of notifying GP: | | Practice: | |
| CASE IDENTIFICATION | | | |
| Name of case: | | Phone: | |
| Surname | | Given names | |
| | | Email address: | |
| CASE DEMOGRAPHY | | | |
| Date of birth: / / | | Address | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| NHI: | | | |
| Pre-schooler: <input type="checkbox"/> Yes | | Name of Preschool: | |
| School: <input type="checkbox"/> Yes | | Name of School: | |
| Current occupation: | | Name of workplace: | |

CONTACT TRACING

Has the patient been in contact with any of the following **HIGH RISK** people during their infectious period?

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| Young babies <12 months of age | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pregnant women, especially last trimester | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| People who work with young babies e.g. at early childhood centres | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Healthcare workers including midwives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anyone who is immunocompromised | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please advise patient of the diagnosis before notifying Regional Public Health

CLINICAL SYMPTOMS

| | |
|------------------------------------|--|
| Cough for more than 2 weeks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paroxysmal cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough ending in vomiting or apnoea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspiratory whoop | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Illness onset date: | / / |
| Hospitalised: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TESTING

| | |
|---|---|
| PCR | <input type="checkbox"/> Yes <input type="checkbox"/> Awaiting results |
| Contact with a confirmed case of Pertussis e.g. sibling, work colleague | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Please attached a copy of the patients Pertussis immunisation history if known

PATIENT MANAGEMENT (Further advice available on health Pathways)

| | |
|--|------------------------------|
| Preferred treatment: Azithromycin 5 days (alternative/Erythromycin for 14 days) | <input type="checkbox"/> Yes |
| Other antibiotic: specify: | <input type="checkbox"/> Yes |
| No medication as patient has had cough for >21 days | <input type="checkbox"/> Yes |
| Exclude from work/school/childcare until 2 days of azithromycin or 5 days of alternative antibiotic, unless cough >21 days | <input type="checkbox"/> Yes |