## 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.



Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

Name of notifying GP:		Practice:			
CASE IDENTIFICATION					
Name of case: (First name):		(Surname):			
Email address:			Phone numb	er:	
Current address:			1		
Date of birth: / /		Pregnant:	Yes 🗆 No	□ N/A	
Sex:  Male  Female  Indeterminate					-
Pre-schooler: 🗌 Yes	Name of Preschool:				
School: 🗌 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?					
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 childhood centres				□ Yes	🗆 No
Healthcare workers including midwives				□ Yes	□ No
Anyone who is immunocompromised			□ Yes	🗆 No	
Please advise patient of the diagnosis before notifying Public Health					
CLINICAL SYMPTOMS					
Cough for more than 2 weeks			🗆 Yes	🗆 No	
Paroxysmal cough			🗌 Yes	🗆 No	
Cough ending in vomiting or apr			🗌 Yes	🗆 No	
Inspiratory whoop			🗌 Yes	🗆 No	
Illness onset date:			/	/	
Hospitalised:			🗆 Yes	🗆 No	
Any other symptoms:					
Illness onset date:					
TESTING					
PCR		□ Yes	Awaiting	results	
Contact with a confirmed case o	igue	□ Yes	🗆 No		
Please attach a copy of the patients Pertussis immunisation history if known					
PATIENT MANAGEMENT					
	cin 5 days (alternative/Erythromyci	n for 14 days)			Yes Yes

Exclude from work/school/childcare until 2 days of azithromycin or 5 days of alternative antibiotic, unless cough >21 days

Notify Public Health within 24 hours by phone on (04) 570 9267 (8.30am - 4.30pm) or email: RPHnotifications@huttvalleydhb.org.nz

For urgent disease notifications after hours, phone the Medical Officer of Health on (04) 570 9007