|  |  |  |  |
| --- | --- | --- | --- |
| **Notification Details** | [ ]  Primary care practitioner | [ ]  Hospital practitioner | [ ] Other |
| **Name of person notifying**  | **Add name** | **Date reported** | **Click for date** |
| **Organisation** | **Enter organization name** | **Phone** | **Organisation phone** |
| **Usual GP & Practice** | **GP name** | **GP Phone** | **GP phone** |
| **CASE CLASSIFICATION**  | **Contact with lab confirmed case?** | [ ]  Yes | [ ]  No | **Name of confirmed case:Add name** |
| **Patient details and risk factors** |
| **Name of case** | **Surname** | **Given name(s)** |
| **NHI Number** | **Add NHI #** | **Date of birth** | **Add DOB** | **Gender** | **Select from list** |
| **Address** | **Add address** |
| **Phone (home)** | **Add phone #** | **Phone (work)** | **Add alt #** | **Mobile** | **Add mobile #** |
| **Ethnicity** | **Choose an item** | **Other, please specify** |
| **Attends/works at ELS, Education or Healthcare Facility (required):** | [ ] Yes | [ ]  No | **If Yes, name & area of facility: Add name and areaDates attended in the last 7 days: Add dates** |
| **Pregnant**  |  [ ]  Yes | [ ]  No | **Infants <12M** | [ ]  Yes | [ ]  No |  |
| **Vaccination history** |
| **Age appropriately immunised?** | [ ] Yes | [ ] No | **Not immunised?** | [ ]  Yes | [ ]  No | **Given adult Boostrix in past 5 years?** | [ ]  Yes | [ ]  No |
| **BASIS OF DIAGNOSIS** |
| **Coryza / catarrhal prodrome (UTRI symptoms and non-specific cough)?** | [ ]  Yes | [ ]  No | **Date of onset:**  **Click for date** |
| **Coughing fits (paroxysmal cough)?** | [ ]  Yes  | [ ]  No  | **If Yes, date of onset:**  **Click for date** |
| **Inspiratory whoop?** | [ ]  Yes | [ ]  No | **In the clinician’s opinion is this illness clinically compatible with pertussis?** | [ ] Yes | [ ]  No |
| **Post-tussive vomiting or apnoea?** | [ ]  Yes | [ ]  No |
| **Laboratory investigations carried out? PCR preferable if taken within first 3 weeks.** NB Serology not helpful in confirming diagnosis or immunity unless paired sera are taken > 2 weeks apart.  | [ ] Yes | [ ]  No |
| **PCR**  | [ ]  Yes | [ ]  No | Result: **Add results details** |
| **Culture** | [ ]  Yes | [ ]  No | Result: **Add results details** |
| **Serology** | [ ]  Yes | [ ]  No | Result: **Add results details** |
| **CLINICAL mANAGEMENT** |
| **Antibiotics prescribed?** |  [ ]  If Yes, select below | [ ]  No |
| **Azithromycin** | [ ]  Yes | [ ]  No | Date: **Click for date** |
| **Erythromycin** | [ ]  Yes | [ ]  No | Date: **Click for date** |
| **Exclusion advice provided?** | [ ]  Yes | [ ]  No | **Hospitalised** | [ ]  Yes | [ ]  No |
| **MANAGEMENT OF HOUSEHOLD CONTACTS - *Please refer to*** [***ARPHS’ Pertussis Clinical Pathway***](https://www.arphs.health.nz/our-resources/clinical-pathway-pertussis/download?files=1313) ***for the appropriate action.*** |
| **Any high priority household contacts?** | [ ]  If yes, select below | [ ]  No  | **Prophylactic antibiotics prescribed?** | **Azithromycin** | [ ]  Yes | [ ]  No |
| **Erythromycin** | [ ]  Yes | [ ]  No |
| [ ]  <12 months old | [ ]  Work with <12 month olds | [ ]  Pregnant in 3rd trimester |

 **Thank you for completing this form. You may be contacted by ARPHS for further information.
Email to ARPHS at** **notify@adhb.govt.nz**