

Pertussis notification

Please complete and fax to ARPHS: (09) 630 7431 or Tel: 623 4600. Thank you.

Reporting GP	GP Practice:
Tel No:	
Name of Case	
Case Tel No	NHI:
Current Address of Case	
Date of Birth	Male or Female (Circle one)

Coryzal/catarrhal prodrome (URTI symptoms and nonspecific cough)	Y / N Date of Onset:
Paroxysmal cough (coughing fits)	Y / N If yes, Date of Onset:
Inspiratory whoop	Y / N
Post-tussive vomiting or apnoea	Y / N
In GP's view is this a clinically compatible illness?	Y / N
Laboratory Investigations:	PCR Y / N Date: Culture Y / N Date: Serology Y / N Date:
Hospitalised	Y / N
Infection Control notified	Y / N
Vaccination History (6wks, 3mths, 5mths, 4yrs, 11yrs and Boostrix):	Circle one: Age appropriately immunised Partially immunised Too young Unimmunised Information incomplete Unknown/uncertain Boostrix given in last 5yrs
Antibiotics Prescribed: Azithromycin for 5 days Or Erythromycin for 14 days Other	Y / N Date prescribed: Y / N Date prescribed: Y / N Name of antibiotic:
Pregnant	Y / N Number of weeks:
Attendance at school, pre-school or childcare	Y / N Name:
Staff of healthcare/early childhood facilities	Y / N Occupation:
Exclusion Advice given	Y / N
ARPHS information for case and contacts given	Y / N
Household Contacts: Anyone symptomatic Anyone less than 1 yr old Pregnant 3 rd trimester immuno-compromised Unimmunised or Partially Immunised	Y / N Y / N Y / N Y / N Y / N

Please visit our website for other health professional resources and information. *Last reviewed November 2018*