

Pertussis Notification Form

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***Compulsory fields**

*Date: Received by:

*Has GP Notified Patient: Yes No *Name of Reporting Dr: *Phone:

Usual GP: Date of GP Visit:

Case details

*Name of Case: *NHI:

*Ethnicity: *DOB:

New Zealand European

Māori Sex: Female Male Unknown

Samoan Address:

Cook Island Maori Occupation:

Tongan *Phone:

Niuean *Attends School/Preschool: Y / N (if yes, please details)

Chinese

Indian

Other Please state:

Basis of diagnosis

*Date of onset: Hospitalised: Yes No

if yes which hospital & date: Died: Yes No

*Fits clinical description: Yes No Organism isolated: Yes No From: Nasopharynx Serology

Clinical Features: Cough: Yes No Duration more than 2 weeks: Yes No Paroxysms: Yes No

Cough ending in vomiting/apnoea: Yes No Inspiratory Whoop: Yes No

Contact with a Confirmed Case: Yes No Don't know: If yes, name:

Overseas travel: Yes No (Was the case overseas during the incubation period range = 6-20days)

If yes, countries & dates of travel:

Protective factors

Has the case been immunised with pertussis vaccine (DTPH or DTP or DTaP):

Unknown No Yes – fully for age Yes – not completed for age Dates:

Case Management Flow chart

If pertussis is suspected:

Arrange laboratory testing using this guide:

- If <3 weeks from cough onset, **arrange for nasopharyngeal swab for Pertussis PCR**
- If >3 weeks after onset of cough pertussis serology can be considered if late in the course of illness, however is seldom indicated

Treatment (if within 3 weeks of cough onset):

Antibiotic therapy may modify the clinical course if given in the first 2 weeks of symptoms. Antimicrobial therapy reduces infectivity by eradicating the organism from secretions.

- A five day course of azithromycin is recommended (funded)
- Alternative treatment options include:

Erythromycin (funded), clarithromycin (unfunded) & co-trimoxazole (funded). See NZ formulary for more info on macrolides: https://www.nzf.org.nz/nzf_3146?searchterm=pertussis

*Note macrolides are associated with hypertrophic pyloric stenosis in pregnant women, breastfeeding women, and infants under 6 weeks. Monitoring for complications is recommended for first 4 weeks after treatment completion. See section 15.8.4 of the pertussis chapter in the Immunisation Handbook 2020 for more information on antimicrobial treatment.

Exclusion: from work, school or ECE or any other institutions until –

- They have received 2 days of azithromycin treatment or at least 5 days of another appropriate antibiotic, or
- 3 weeks from cough onset, or until the cough ends, whichever comes first (if no antibiotics given)

Case Management

*Was the case within three weeks of symptoms onset: Yes No

*If yes, was the case prescribed Azithromycin for 5 days: Yes No

If no what antibiotic was prescribed and duration?

What date was the prescription issued?

*Has the case been excluded from school/preschool or any other institution or work for 3 weeks from onset of cough (or until end of cough, whichever comes first) or until case has received at least 5 days of antibiotic treatment (2 days if azithromycin prescribed)? Yes No

Immunisation of pregnant women

If case is under 1 year old, was mum offered free pertussis vaccination during pregnancy or in first few weeks after birth: Yes No

If yes did mum have the vaccine: Yes No

Contact Management flow chart

Contacts – Identification, prophylaxis and advice:

The primary goal of public health follow up for pertussis contacts is to protect infants, pregnant people and those at high risk of severe or complicated illness. Therefore, high priority contacts for public health follow up are:

- Children under 12 months old
- Children & adults who live with, or spend much of their time around a child under 12 months old, incl. health care and education settings
- Pregnant people (particularly the last month of pregnancy)
- Individuals at high risk of severe illness or complications due to a pre-existing health condition that may be exacerbated by a pertussis infection (i.e. those with chronic respiratory conditions, congenital heart disease or immunodeficiency)

Chemoprophylaxis is recommended for high priority contacts. Recommended antibiotics and dosages are the same as for case treatment (azithromycin, 5 day course preferred).

All contacts (high priority or otherwise):

- Check immunisation status and encourage vaccination as needed (only doses on the national immunisation schedule are funded, including the 11 year old booster and boosters during pregnancy)
- Advise on the nature of pertussis and to avoid attending ECE, school, work or community gatherings if they become symptomatic.
- Where there is significant risk of transmission to high priority individuals, additional restrictions may be advised by the Medical Officer of Health. Please call the Medical Officer of Health if any queries or concerns.

Contact Management

*Are all contacts aged under 7 years fully immunised?	Yes	No	Unknown
*Are there any household contacts aged less than 1 year ?	Yes	No	Unknown
*Are there any other high priority contacts in their household ?	Yes	No	Unknown
*If YES, were they offered antibiotic prophylaxis?	Yes	No	
*Does the case have any non-household, high priority contacts ?	Yes	No	Unknown

Please note: Public health will follow up non-household high priority contacts

***Were all household contacts (high priority and otherwise):**

- given advice to avoid attending ECE, school, work or community gatherings if they become symptomatic?

Yes No Unknown Comments:

- offered pertussis immunisation (if not up to date), including pregnant women from 13 weeks gestation?

Yes No Unknown Comments:

Please complete all compulsory fields and return via email or fax.