

Reporting Authority									
Name of Public Health Officer responsible for case					OfficerName				
Notifier Identification 									
Reporting source* Report Src		☐ General Practitioner		☐ Hospital-based Practitioner		☐ Laboratory			
		☐ Self-notification		☐ Outbreak Investigation		☐ Other			
Name of reporting source			ReportName		Organisation			ReportOrganisation	
Date reported*		ReportDate		Laboratory sample date		SampleDate		Contact phone	
								ReportPhone	
Usual GP		UsualGP		Practice		GPPracticeName		GP phone	
								GPPhone	
GP/Practice address		Number		houseNumber		Street		streetname	
								Suburb	
								suburb	
GpAddress		Town/City		towncity		Post Code		postcode	
								☐ GeoCode ☐	
Case Identification 									
Name of case*		Surname			Surname		Given Name(s)		
							GivenName		
NHI number*		NHINumber			Email		Email		
Current address*		Number				Street			
								Suburb	
CaseAddress		Town/City				Post Code			
								☐ GeoCode ☐	
Phone (home)		PhoneHome		Phone (work)		PhoneWork		Phone (other)	
								PhoneOther	
Case Demography									
Location		TA*			TA		DHB*		
							DHB		
Date of birth*		DateOfBirth		OR		Age		Age	
								AgeUnits ☐ Days ☐ Months ☐ Years	
Sex* Sex		☐ Male		☐ Female		☐ Unknown		☐ Other	
Occupation*		Occupation							
Occupation location		Occupation_place_type - main		☐ Place of Work		☐ School		☐ Pre-school	
Name		occupation_place_name - main							
Address		Number				Street			
								Suburb	
PlaceOfWork - Main		Town/City				Post Code			
								☐ GeoCode ☐	
Alternative location		Occupation_place_type - Alternative		☐ Place of Work		☐ School		☐ Pre-school	
Name		occupation_place_name - Alternative							
Address		Number				Street			
								Suburb	
PlaceOfWork- Alternative		Town/City				Post Code			
								☐ GeoCode ☐	
Ethnic group case belongs to* (tick all that apply) 									
☐ NZ European		EthNZEuropean		☐ Maori		EthMaori		☐ Samoan	
								EthSamoan	
								☐ Cook Island Maori	
								EthCookIslandMaori	
☐ Niuean		EthNiuean		☐ Chinese		EthChinese		☐ Indian	
								EthIndian	
								☐ Tongan	
								EthTongan	
☐ Other (such as Dutch, Japanese, Tokelauan)		EthOther		*(specify)		EthSpecify1		EthSpecify2	

Pertussis EpiSurv No.
Basis of Diagnosis
CLINICAL CRITERIA Fits clinical description* FitClinDes ☐ Yes ☐ No ☐ Unknown
Clinical Features Cough (any duration)* CoughAny ☐ Yes ☐ No ☐ Unknown If yes, cough for more than 2 weeks Cough ☐ Yes ☐ No ☐ Unknown Paroxysmal cough* Paroxysm ☐ Yes ☐ No ☐ Unknown Inspiratory whoop* CoughWhoop ☐ Yes ☐ No ☐ Unknown Cough ending in vomiting, cyanosis or apnoea* CoughVomit ☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA Isolation of <i>Bordetella pertussis</i> (culture)* Isolation ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown Detection of <i>Bordetella pertussis</i> nucleic acid (e.g. NAAT/PCR)* NAAT ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown
EPIDEMIOLOGICAL CRITERIA Contact with a confirmed case of pertussis* ContCase ☐ Yes ☐ No ☐ Unknown
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case (i)
Clinical Course and Outcome
Date of onset* OnsetDt ☐ Approximate OnsetDtAppro ☐ Unknown OnsetDtUnknown
Hospitalised* Hosp ☐ Yes ☐ No ☐ Unknown
Date hospitalised* HospDt ☐ Unknown HospDtUnknown
Hospital* HospName
Died* Died ☐ Yes ☐ No ☐ Unknown
Date died* DiedDt ☐ Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary ☐ Yes ☐ No ☐ Unknown If no, specify the primary cause of death* DiedOther
Outbreak Details
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?* Outbrk ☐ Yes If yes, specify Outbreak No.* OutbrkNo
Risk Factors
Attendance at school, pre-school or childcare~ AttendSch ☐ Yes ☐ No ☐ Unknown Other risk factors for disease~ RiskOthSpecify

Pertussis EpiSurv No. 	
Protective Factors	
At any time prior to onset, had the case been immunised with pertussis - ☐ Yes ☐ No ☐ Unknown 	
If yes, specify vaccine details*	
First administered dose:* FirstDose	☐ DTPH/DTP/DTaP ☐ Unknown
Date given* DtFirstDose	☐ Or age when first dose was given AgeFirstDose ☐ YMWFirstDose ☐ Weeks ☐ Months ☐ Years
Source of information* SceFirstDose	☐ Patient/caregiver recall ☐ Documented
Second administered dose:* SecndDose	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given* DtSecndDose	☐ Or age when second dose was given AgeSecndDose ☐ YMWSecndDose ☐ Weeks ☐ Months ☐ Years
Source of information* SceSecndDose	☐ Patient/caregiver recall ☐ Documented
Third administered dose:* ThirdDose	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given* DtThirdDose	☐ Or age when third dose was given AgeThirdDose ☐ YMWThirdDose ☐ Weeks ☐ Months ☐ Years
Source of information* SceThirdDose	☐ Patient/caregiver recall ☐ Documented
Fourth administered dose:* FourthDose	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given* DtFourthDose	☐ Or age when fourth dose was given AgeFourthDose ☐ YMWFourthDose ☐ Weeks ☐ Months ☐ Years
Source of information* SceFourthDose	☐ Patient/caregiver recall ☐ Documented
Fifth administered dose:* FifthDose	☐ DTPH/DTP/DTaP ☐ Not Given ☐ Unknown
Date given* DtFifthDose	☐ Or age when fifth dose was given AgeFifthDose ☐ YMWFifthDose ☐ Weeks ☐ Months ☐ Years
Source of information* SceFifthDose	☐ Patient/caregiver recall ☐ Documented
If the case is aged <5 years, was the birthing parent given a pertussis vaccine during pregnancy?* MotherVacc	
If yes, date vaccine was given DtMotherVacc 	
Management	
CASE MANAGEMENT	
Case excluded from work or school, pre-school or childcare for 3 weeks from onset of cough or until they have completed at least 2 days of azithromycin or 5 days of a different antibiotic Excluded ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown 	
CONTACT MANAGEMENT	
Contacts under 7 years of age who are not fully immunised, encouraged to be immunised ImmuContacts ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown 	
Were there any household contacts less than 1 year old? ContactLT1 ☐ Yes ☐ No ☐ Unknown 	
If yes, how many household contacts NoHouse	
If yes, how many have had pertussis already (current or recent) NoHadPertus	
If yes, how many were offered erythromycin NoOfferEryth	
Comments*	