

Notifiable Diseases Form

Diseases notifiable under the Health Act 1956 and Tuberculosis Act 1948



TOI TE ORA
PUBLIC HEALTH
Bay of Plenty • Lakes Districts

Name	
DOB	
NHI	
Lab Result	

Please fax this form to:
Medical Officer of Health
FAX: 0800 668 934

Please confirm whether this patient had signs or symptoms consistent with a notifiable disease

Yes

No

Complete the information below
- and then fax back this form

Please fax back this form
- no further information required

Notifiable Disease _____
Date of Onset ____ / ____ / ____

PATIENT'S ADDRESS		ETHNICITY			
Street		NZ European	<input type="checkbox"/>	Niuen	<input type="checkbox"/>
Suburb		Maori	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
City		Samoan	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Phone (Home)		Cook Is Maori	<input type="checkbox"/>	Tongan	<input type="checkbox"/>
Phone (Work)		Other (<i>specify</i>)			
Phone (Other)		GENDER			
		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

OCCUPATION			COMMENTS
Specify Type	_____		
<i>Food Handler</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Health Worker</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Childcare Worker</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Attends Preschool</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employer or School	_____		

Usual GP	Practice	Practice Phone
Notified by	Signature	Date

PERTUSSIS

Case name: _____ NHI: _____

BASIS OF DIAGNOSIS

Cough for more than 2 weeks Yes No Unknown Date cough started: _____

Paroxysmal cough Yes No Unknown

Cough ending in vomiting or apnoea Yes No Unknown

Inspiratory whoop Yes No Unknown

Fits clinical description Yes No Unknown

PROTECTIVE FACTORS

Has the case been immunised with a Pertussis vaccine? (DTPH, DTP or DTaP) Yes No Unknown

If yes, specify vaccine details:

First dose - date given: _____ Fourth dose - date given: _____

Second dose - date given: _____ Fifth dose - date given: _____

Third dose - date given: _____ Other information: _____

CASE MANAGEMENT

- Have you sent a nasopharyngeal swab for PCR? Yes No Date: _____
- Is the case receiving antibiotics? Yes No Type: _____ Date started: _____
- Has the case been excluded from work/school/preschool until:
 - they have completed two days of azithromycin, **or**
 - five days of other appropriate antibiotics, **or**
 - for three weeks from onset of cough if no antibiotics given. Yes No

CONTACT MANAGEMENT

High priority contacts include:

- children under 12 months old;
- children and adults who live with, or spend much of their time around a child under 12 months old;
- pregnant women (particularly in the last month of pregnancy);
- individuals that are at high risk of severe illness or complications because a pre-existing health condition that may be exacerbated by a pertussis infection (for example those with chronic respiratory conditions, congenital heart disease or immunodeficiency).

▪ Does the case have any **high priority contacts in their household?** Yes No Unknown

If yes, how many? _____ How many were offered antibiotic prophylaxis? _____

▪ Does the case have any other **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 between 28 - 38 weeks gestation?

Yes No Unknown Comments: _____

Other Comments:
