

PERTUSSIS (WHOOPIING COUGH)

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If pertussis is suspected or diagnosed, completion of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit (fax: 226-783-2132).

It is essential to complete the following test to confirm diagnosis:

SPECIMEN COLLECTION*			
✓	Specimen Type / Date Collected	Collection Kit	Collection Requisition on Lab Requisition Form
<input type="checkbox"/>	Nasopharyngeal swab collected during acute phase of illness. Date Collected (YY/MM/DD): / /	<i>Bordetella pertussis</i> BP collection kit (colourless medium)	Request " Bordetella - PCR ", including symptoms and onset date

*The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding general specimen collection.

PATIENT INFORMATION			
Date (YY/MM/DD):		Name and contact number of reporting health care provider: () - ext.	
Name of Client:			
(First)	(Middle)	(Current last)	(Last while in elementary school)
Date of Birth: (YY/MM/DD)		Age:	Sex:
Address:			
(Street)		(City)	(Postal Code)
Home Phone: ()		Alternate Phone: ()	
School/Daycare/Workplace (if applicable):			
Name of Parent/Guardian (if applicable):			

PATIENT EDUCATION	
<input type="checkbox"/>	Client should self-isolate (exclude from work, school, daycare, and other group settings, and non-household contacts) until 5 days after the start of antibiotic therapy OR if no treatment is given, then exclude 21 days from cough onset and at discretion of the Medical Officer of Health.
<input type="checkbox"/>	If medical attention is needed, client/parent should notify facility ahead of time that they are coming and pertussis is suspected. <i>This is to allow the facility to take precautions.</i>
<input type="checkbox"/>	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant women in third trimester, infant less than 1 year of age [immunized or not]) of the need to follow up with a health care provider. It is up to the client/parent to decide if they want to inform contacts.
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

PRESENTING SYMPTOMS					
√	Symptom	Onset Date (mm/dd)	√	Symptom	Onset Date (mm/dd)
<input type="checkbox"/>	Cough lasting 2 weeks or longer		<input type="checkbox"/>	Cough with inspiratory “whoop”	
<input type="checkbox"/>	Paroxysmal cough of any duration		<input type="checkbox"/>	Cough ending in vomiting or gagging, or associated with apnea	

CASE INDEX OF SUSPICION					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client been vaccinated against pertussis?				
	Vaccine #	Name	Date Received (YY/MM/DD)	Lot #	Expiry Date (YY/MM/DD)
	1				
	2				
	3				
	4				
	5				
	6				
7					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 20 days?		Where: When:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had exposure to someone with pertussis (Whooping Cough)?		Who: Where:		

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

This form may be out of date. The most current form can be accessed on our website:
<https://www.wechu.org/pertussis-reporting-and-investigation-tool>.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed **disease of public health significance** to the Medical Officer of Health.

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention
www.wechu.org

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