



## Pertussis Investigation Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the [NWT Public Health Act](#) (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the [Disease Surveillance Regulations](#) (2009, R-096- 2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

**Immediately** report all outbreaks or suspect outbreaks by telephone to the OCPHO.  
Please send completed report forms to the OCPHO by:

Report Method	How-to
Medical Confidential Fax	867-873-0442
Secure File Transfer	<a href="mailto:CDCU@gov.nt.ca">CDCU@gov.nt.ca</a>



## Pertussis Investigation Form

### SECTION 1: PATIENT INFORMATION

<b>Affix patient</b>	<b>Last Name:</b>	<b>First Name:</b>
	<b>HCN:</b>	<b>Date of Birth:</b>
	<b>Home Community:</b>	<b>Province/Territory:</b>
	<b>Other:</b>	
	<b>Sex assigned at birth:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown	
<b>Gender Identity:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		

### SECTION 2: INITIAL ASSESSMENT AND TREATMENT

**Detailed History of Illness:** onset date, duration, concurrent illness, travel history, exposure history etc.

**Symptom Onset:** (DD/MMM/YYYY): \_\_\_\_\_

**Exposed to Confirmed Case:**  No  Yes, Where/When: \_\_\_\_\_

**Describe Type of Cough and Length in Detail:**

**Cough Onset:** (DD/MMM/YYYY): \_\_\_\_\_

<b>Symptoms:</b>	<b>Yes</b>	<b>No</b>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>
Cough ending in:		
Whoop	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting/gagging	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**Underlying Illness:**

**Present Treatment/Prophylaxis:** (Type and DD/MMM/YYYY):

**Hospitalized:**  No  Yes, **Healthcare Facility:** \_\_\_\_\_ **Date: Admission** \_\_\_\_\_ **Discharge** \_\_\_\_\_

**If Yes, List Drugs** (length and date of treatment):

**Laboratory/Radiological Investigation:**

Type: \_\_\_\_\_ Date (DD/MMM/YYYY): \_\_\_\_\_ Result: \_\_\_\_\_

(Nasopharyngeal Swab in Regan-Lowe Transport Medium)

**Immunization with Pertussis-containing Vaccine:** Number of Doses: \_\_\_\_\_ Date of Last Dose (DD/MMM/YYYY): \_\_\_\_\_

**Contacts:** List on separate [Pertussis Contact Sheet](#) and fax to OCPHO

**Recent Activities:** (Use timeline on reverse side)

**Frequent Contact with Vulnerable People:**  Yes  No

Vulnerable people include immunocompromised OR infant less than 1 year of age OR pregnant in third trimester (due to risk of transmission to newborn).

**Daycare:**  Yes  No **School:**  Yes  No

**Other:** \_\_\_\_\_

**Complications/Sequelae (of illness):**

**Comments and Actions Taken:**

**Self-Isolation:**  No  Yes, Length: \_\_\_\_\_

**Informed:**  Local Public Health  OCPHO **Other:** \_\_\_\_\_

**Follow-up Recommended:**

### SECTION 3: ADDITIONAL INFORMATION/REPORTING

Office of the Chief Public Health Officer  
Phone: (867) 920-8646 | Medical Confidential Fax: (867) 873-0442 | SFT: [CDU@gov.nt.ca](mailto:CDU@gov.nt.ca)

<b>Completed by:</b>	<b>Sign:</b>
<b>Phone:</b>	<b>Date:</b>
<b>Comments:</b>	



Date of Exposure if Known (DD/MMM/YYYY): \_\_\_\_\_

		DAY	ACTIVITY/SYMPTOM DETAILS
Infectious Period	Catarrhal Stage	Day -10	
		Day -9	
		Day -8	
		Day -7	
		Day -6	
		Day -5	
		Day -4	
		Day -3	
		Day -2	
		Day -1	
	Paroxysmal Stage	<b>Day 0 (Cough Onset)</b>	
		Day 1	
		Day 2	
		Day 3	
		Day 4	
		Day 5	
		Day 6	
		Day 7	
		Day 8	
		Day 9	
		Day 10	
Day 11			
Day 12			
Day 13			
Day 14			
Day 15			
Day 16			
Day 17			
Day 18			
Day 19			
Day 20			
Day 21			

How to submit: By Medical Confidential Fax: 867-873-0442 OR Secure File Transfer: to [CDCU@gov.nt.ca](mailto:CDCU@gov.nt.ca)