Personal health information is being collected under the NWT Health Information Act and the Public Health Act and will not be used or disclosed, unless allowed or required by these Acts or any other Act.

Pertussis Investigation: Contact List

Case Name: _____ **DOB:** _____ **HCP:** _____ **Date of diagnosis:** _____

Contact Name	Name of case contact was exposed to	DOB	HCP#	Sex	Type of contact (household, hospital, daycare, etc)	Risk Status (<12 mos, 3rd trim preg, resp conditions, immun comp)	Dates of contact (inclusive) FROM (start)	Dates of contact (inclusive) TO (End)	Symptoms - Cough	Cough Indicative of Pertussis	Symptoms - Other (Fever, runny nose, vomitting)	Date of symptom onset	Symptom end Date	Swabbed (Y/N)	Result	Treatment (Rx & Dose)	Tx date (Start)	Vaccined previously?	Vaccine Date(s)	Travel/work exposure

continued.....

Contact Name	Name of case contact was exposed to	DOB	HCP#	Sex	Type of contact (household, hospital, daycare, etc)	Risk Status (<12 mos, 3rd trim preg, resp conditions, immun comp)	Dates of contact (inclusive) FROM (start)	Dates of contact (inclusive) TO (End)	Symptoms - Cough	Cough Indicative of Pertussis	Symptoms - Other (Fever, runny nose, vomitting)	Date of symptom onset	Symptom end Date	Swabbed (Y/N)	Result	Treatment (Rx & Dose)	Tx date (Start)	Vaccined previously?	Vaccine Date(s)	Travel/work exposure