Pertussis - Flowchart and Guidance for Health Professionals

Clinical Assessment – consider pertussis when:

Mild upper respiratory tract symptoms in the catarrhal stage followed by any of:

- cough for more than 2 weeks;
- paroxysms of cough;
- cough ending in vomiting, cyanosis or apnoea;
- inspiratory whoop.

Note: infants are more likely to present with gagging, gasping, cyanosis, apnoea or non-specific signs such as poor feeding.

High priority situations that should increase your index of concern:

- Known current outbreak or epidemic of pertussis;
- Contact history e.g. school, pre-school, playmates, friends, relatives with above symptoms;
- Unimmunised or not fully immunised;
- Younger than 5 years old or pregnant women;
- Pre-existing health conditions that may be exacerbated by pertussis infection;
- Person has close contact with: children under 1 year old, pregnant women, or people with pre-existing health conditions that may be exacerbated by pertussis infection.

If pertussis is suspected:

- **Investigations:** arrange a nasopharyngeal swab for PCR if within 4 weeks from onset of any symptoms, or 3 weeks from onset of cough.
- **Treatment:** if within 3 weeks of onset of cough.

A five day course of azithromycin is recommended at these doses:
Infants and children: Day 1: 10mg/kg/day in a single dose (max. 500mg); Days 2-5: 5mg/kg/day in a single daily dose (max. 250mg per day).
Adults: Day 1: 500mg as a single dose; Days 2-5: 250mg once daily.

Alternative treatment options if needed include: erythromycin, clarithromycin & co-trimoxazole. See page 392 of the Immunisation Handbook 2017 for details, including information on monitoring young infants on macrolides.

- **Exclusion:** from work, school, or pre-school until -
  - they have completed two days of azithromycin, or
  - five days of other appropriate antibiotics, or
  - three weeks from onset of cough if no antibiotics given.

Contacts – identification, prophylaxis and advice:

- **Ask about high priority contacts.**
  - All high priority contacts **in the same household as the case** should be offered antibiotic prophylaxis (as above).
  - Please take note if there are other non-household high priority contacts and public health will follow up.

High priority contacts include:

- Children under 12 months of age;
- 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 of a pre-existing health condition.

- **All household contacts (high priority or otherwise)** should be:
  - offered pertussis immunisation (if not up to date, including pregnant women in the second and third trimester);
  - advised on the nature of the infection and to avoid attending early childhood services, school, work or community gatherings if they become symptomatic. Please explain that early symptoms of pertussis are similar to minor respiratory tract infections, and are highly contagious.

Case Notification (suspected or confirmed):

- **Please complete the notification questionnaire and notify Public Health as soon as possible by:**
  - fax to **0800 66 89 34,** or
  - email to **DgCD.Admin@bopdhb.govt.nz**
- **If you have any urgent queries, phone**: 0800 221 555, option 3
- **For infectious disease updates, see:** www.toiteora.govt.nz then select the 'Health Professionals' tab.

Public Health will:

1) Review public health aspects of case and contact management, and follow up any non-household high priority contacts
2) Provide any additional advice required
3) Collect data for national surveillance

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