

Pertussis flowchart – for the management of suspected pertussis in primary care

Consider pertussis when:

A clinically compatible case characterised by cough and one or more of:

- Paroxysms of cough
- Cough ending in vomiting, cyanosis or apnoea
- Inspiratory whoop

If pertussis is suspected:

Arrange laboratory testing using this guide:

- If <3 weeks from cough onset, **arrange for nasopharyngeal swab for Pertussis PCR**
- If >3 weeks after onset of cough: pertussis serology can be considered if late in the course of illness, however is seldom indicated

Treatment (if within 3 weeks of cough onset):

Antibiotic therapy may modify the clinical course if given in the first 2 weeks of symptoms. Antimicrobial therapy reduces infectivity by eradicating the organism from secretions.

- A five day course of azithromycin is recommended (funded)
- Alternative treatment options include: Erythromycin (funded), clarithromycin (unfunded) & co-trimoxazole (funded). See NZ formulary for more info on macrolides: https://www.nzf.org.nz/nzf_3146?searchterm=pertussis

*Note macrolides are associated with hypertrophic pyloric stenosis in pregnant women, breastfeeding women, and infants under 6 weeks. Monitoring for complications is recommended for first 4 weeks after treatment completion. See section 15.8.4 of the pertussis chapter in the Immunisation Handbook 2020 for more information on antimicrobial treatment.

Exclusion: from work, school or ECE or any other institutions until–

- They have received 2 days of azithromycin treatment or at least 5 days of another appropriate antibiotic, or
- 3 weeks from cough onset, or until the cough ends, whichever comes first (if no antibiotics given)

Case notification (suspected or confirmed):

Please complete a BPAC referral, or the notification form, and send through to Public Health Waikato asap by:

- Fax (07) 838 2382
- email: NotifiableDiseases@waikatodhb.health.nz
- please call us on (07) 838 2569 if you have any urgent queries

Contacts – Identification, prophylaxis and advice:

The primary goal of public health follow up for pertussis contacts is to protect infants, pregnant people and those at high risk of severe or complicated illness. Therefore, high priority contacts for public health follow up are:

- Children under 12 months old
- Children & adults who live with, or spend much of their time around a child under 12 months old, incl. health care and education settings
- Pregnant people (particularly the last month of pregnancy)
- Individuals at high risk of severe illness or complications due to a pre-existing health condition that may be exacerbated by a pertussis infection (i.e. those with chronic respiratory conditions, congenital heart disease or immunodeficiency)

Chemoprophylaxis is recommended for high priority contacts. Recommended antibiotics and dosages are the same as for case treatment (azithromycin, 5 day course preferred).

All contacts (high priority or otherwise):

- Check immunisation status and encourage vaccination as needed (only doses on the national immunisation schedule are funded, including the 11 year old booster and boosters during pregnancy)
- Advise on the nature of pertussis and to avoid attending ECE, school, work or community gatherings if they become symptomatic.
- Where there is significant risk of transmission to high priority individuals, additional restrictions may be advised by the Medical Officer of Health. Please call the Medical Officer of Health if any queries or concerns.