

Flow chart for the management of a suspected pertussis case in primary care

Possible pertussis case

A disease characterised by a cough lasting longer than two weeks, and one more of the following:

- Paroxysmal cough
- Cough ending in vomiting or apnoea
- Inspiratory whoop

Laboratory tests

If pertussis is suspected, arrange laboratory test using this guide:

- If <2 weeks from cough onset, arrange for a nasopharyngeal swab for PCR
- If >2 weeks from cough onset, arrange for serology testing for pertussis IgG (Interpretation see Box A)

Notify positive results to the Medical Officer of Health (MOoH). Phone (07) 838 2569, fax (07) 838 2382

Is the case within three weeks of cough onset?

Yes

Antibiotics (do not give if symptoms > 3/52 duration)

Antibiotic treatment is given to eradicate pertussis carriage, does not alter the clinical course.

- Treat with a five day course of Azithromycin (free).
- Do not give a second course.
- Alternative treatment options include:
 - Erythromycin** for 14 days (free).
 - Clarithromycin for seven days (not currently funded)
 - Cotrimoxazole for seven days (but effectiveness is less well-documented).

**Note that erythromycin may cause infantile hypertrophic pyloric stenosis in babies less than one month of age.

Exclusions

Exclude the case (for two days if prescribed azithromycin or five days if prescribed other antibiotics, or until three weeks post onset of symptoms) if they attend or work at an early child care centre or school, or if they work with high risk individuals such as health care workers.

Contacts

- If there are household contacts under the age of one year, offer a course of antibiotics (i.e. Azithromycin (free) (5 days) to all household members, to protect the health of the under one year old. This should be discussed with Population Health.
- Antibiotics should be considered for any pregnant woman in the last month of her pregnancy within the household, regardless of vaccination status. Encourage immunisation.
- Check immunisation status and encourage vaccination in unvaccinated family members up to 7 years and a booster dose at 11 years of age.

BOX A:

Interpretation of Pertussis serology

Ig G		
< 40	40 - 99	> 99
A	B	C

A: Not a case

B: Not necessary to notify Medical Officer of Health, only a possible case.

C: Notify probable case to the Medical Officer of Health and follow management recommendations. Evidence of acute infection or recent vaccination.

BOX B:

Immunisation

- Immunisation is recommended for pregnant women between 28-38 weeks.
- Encourage immunisation according to the immunisation schedule.
- Immunisation is also recommended for those people working within healthcare and preschools.

No

- No treatment or exclusion is necessary.
- Encourage vaccination according to schedule for unvaccinated or incompletely vaccinated child contacts and cases (when fully recovered) up to 7 years and a booster dose at 11 years of age, including pregnant women.

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Population
Health

Waikato District Health Board