

# PERTUSSIS (WHOOPIING COUGH)

Information for GPs – please distribute to all medical and nursing staff

1. Pertussis is starting to increase in NSW after circulating at very low levels during the pandemic.
2. Consider pertussis and order a PCR test for people with a compatible illness, even if fully vaccinated.
3. Pertussis can be a life-threatening infection for babies, however affects people of all ages.

## Background

- Pertussis ('whooping cough') is caused by *Bordetella pertussis* and spreads mainly through respiratory droplets.
- Pertussis outbreaks usually occur every few years as population immunity wanes. Notifications of people with pertussis in NSW are starting to increase from a very low level and are expected to increase further.
- Infants aged under 6 months are at greatest risk of severe disease, hospitalisation and death.

## Pertussis vaccination

- Ensure that all patients are up to date with recommended vaccinations; this is especially important for:
  - pregnant women, who should be vaccinated between 20-32 weeks gestation (ideally at 28 weeks) to provide antibodies to their infant for protection in the first few months of life
  - infants and their siblings
  - adults who care for infants under 6 months who have not received a booster in the last 10 years.
- Refer to the Australian Immunisation Handbook for details: <https://immunisationhandbook.health.gov.au/>

## Clinical features

- Pertussis usually starts like a cold with rhinorrhoea, intermittent dry cough and low-grade fever.
- The cough gradually becomes paroxysmal.
- Post-tussive inspiratory 'whoop' and post-tussive vomiting is common in toddlers and older children, but may be absent in any age group.
- Neonates and infants may not cough but can have feeding difficulties, choking, gasping, apnoea and cyanosis.
- Teenagers and adults commonly have a nonspecific protracted cough.
- Pertussis should be considered in people with previous infection or vaccination, as immunity wanes over time.

## Testing

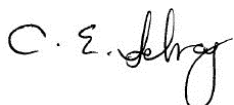
- A nasopharyngeal swab or aspirate for pertussis PCR is the preferred test.
- If pertussis is suspected and a respiratory viral PCR was recently collected, contact the laboratory to see if pertussis PCR can be added on.
- If pertussis is suspected, ask the patient to avoid contact with babies and pregnant women while the result is pending.

## Management

- All neonates with pertussis should be referred for urgent specialist assessment.
- Antibiotics (azithromycin, clarithromycin or trimethoprim+sulfamethoxazole) eliminate *B. pertussis* from the nasopharynx and reduce transmission to contacts. Antibiotics should be started as soon as possible and within 3 weeks of onset of any cough.
- Advise patients with pertussis not to attend preschool, childcare, school, work, and any other settings where there may be infants or pregnant women until they are no longer infectious (i.e. after 5 days of an appropriate antibiotic, or 21 days after onset of any cough, or 14 days after onset of paroxysmal cough).
- Ask your patient if, since their symptoms first began, they have had contact with pregnant women, children under 6 months, and/or people who are in contact with these groups including carers of infants, healthcare workers, and childcare workers. If so, contact your local public health unit on 1300 066 055.

## Further information

- Fact sheet for patients: <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx>
- Local public health unit 1300 066 055



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