Pertussis UPDATE



Information for GPs and clinicians in NSW - please distribute to all staff

- Pertussis is continuing to increase in NSW particularly amongst school-aged children.
- Ensure infants are vaccinated on time, and all pregnant women are vaccinated between 20 and 32 weeks. Recommend vaccination to parents and carers of babies, grandparents and other people in close contact with babies and young children.
- 3. PCR test suspected cases and notify your public health unit about high risk contacts for follow up.

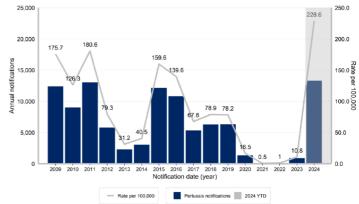
Situation

- Pertussis continues to increase and is at the highest rate in 15 years.
- Over 60% of cases in 2024 have been in school aged children, 5 to 16 years.
- Increased circulation increases the risk to infants.

Prevention: vaccinate to protect infants

- Ensure infants are vaccinated on time.
- Ensure all pregnant women are vaccinated between 20 and 32 weeks in every pregnancy.
- Pregnant women are more likely to get vaccinated if advised by their doctor.
- Recommend vaccination to parents and carers of babies, grandparents and other people in close contact with babies and young children.

Pertussis notifications and rates per 100,000 by year, 2009 to 2024 year to date (YTD)



Testing and treatment

- Consider pertussis in anyone presenting with persistent cough. Early treatment with antibiotics stops transmission and may reduce the duration of symptoms.
- **Testing:** a nasopharyngeal swab for PCR testing. Serology testing is not recommended.
- In patients of any age, antibiotic treatment is recommended if the diagnosis of pertussis is made within 3 weeks of cough or other symptom onset. Three weeks after symptoms begin, patients are rarely infectious and antibiotic therapy is not indicated.
- Check if your patient has had any contact with women in the last month of pregnancy, infants, or attended childcare while infectious - if so, notify your local public health unit on 1300 066 055.
- Cases should stay at home and not attend school, childcare or any place with infants or pregnant women until they have completed at least 5 days of antibiotics, or it is 21 days after the onset of their cough.
- In the context of supply disruptions, contact your local community pharmacy to determine antibiotic availability. International alternatives of azithromycin powder for oral suspension may be available from Medsurge Healthcare and Pfizer.

Treatment and prevention of pertussis

	Medication	Available formulations	Adult patients	Paediatric patients
1 st line	Azithromycin	Tablet* and oral suspension	500 mg orally on Day 1, then 250 mg orally daily for a further 4 days.	< 6 months: 10 mg/kg orally daily for 5 days. ≥ 6 months: 10 mg/kg up to 500 mg orally on Day 1 then 5 mg/kg up to 250 mg daily for a further 4 days.
1 st line	Clarithromycin	Tablet and oral suspension	500 mg orally 12- hourly for 7 days.	1 month – 18 years: 7.5 mg/kg up to 500 mg orally 12 hourly for 7 days.
2 nd line	Trimethoprim plus sulfamethoxazole	Tablet and oral liquid	160+800 mg orally 12-hourly for 7 days.	> 1 month: 4+20 mg/kg (up to 160+800 mg) orally 12-hourly for 7 days.

*Azithromycin can be crushed and mixed with liquid to aid administration in patients who cannot swallow tablets (for doses equivalent to a half or full tablet). Refer to Antibiotic prescribing in primary care: Therapeutic Guidelines summary table for instructions on crushing and liquids to mix with.

For further information

- See your local HealthPathways or Whooping cough: Information for health professionals
- Previous NSW Health antibiotic oral liquid shortage update- June 2024



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