

# 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 or 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:

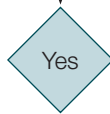
- If <2 weeks from cough onset arrange for a nasopharyngeal swab for culture and a nasopharyngeal swab for PCR
- If >2 weeks from cough onset arrange for serology testing for pertussis IgA and IgG (Interpretation is provided below\*).



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?



## Antibiotics

- Antibiotic treatment is given to eradicate pertussis carriage, does not alter the clinical course.
- Treat with a 14 day course of erythromycin\*\*.
- Do not give a second course.
- Alternative treatment options include:
  - Azithromycin for three days (not currently funded)
  - 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 five days if prescribed 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 house hold contacts under the age of one year, offer a course of erythromycin to all household members, to protect the health of the under one year old.
- Antibiotics should be considered for any pregnant woman in the last month of her pregnancy within the household, regardless of vaccination status. This should be discussed with Population Health.
- Check immunisation status and encourage vaccination in unvaccinated family members up to 7 years and a booster dose at 11 years of age.
- Arrange for laboratory testing of household contacts if they are symptomatic.

## Immunisation

- Encourage immunisation according to the immunisation schedule.
- Immunisation is also recommended for those people working within healthcare and preschools.

## \*Interpretation of Pertussis serology

		Ig G		
		< 10	10 – 20	> 20
Ig A	< 10	A	A	A
	10 – 20	A	A	B
	> 20	A	A	B

A: Not necessary to notify Medical Officer of Health

B: Notify case to the Medical Officer of Health and follow management recommendations.



- 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.