
To:	General Practitioners, Hospital Specialists & Chief Nurses, After-Hours Centres and Emergency Departments, Allied Health, Public Health Nursing & Immunisation Coordinators, Pharmacists, Midwives & Lead Maternity Carers, Aged Care, Occupational Health, IPC, Student Health, Plunket and Well Child Providers, Hauora Māori and Pacific Health Providers, Plunket, NPHS Health Protection regional services in Southern
From:	Dr John Eastwood, Medical Officer of Health, National Public Health Service (NPHS) - Te Waipounamu
Date:	13/11/2024
Title:	Significant rise in Pertussis (whooping cough) cases in Southern

Please share the following information with relevant staff in your organisation.

Pertussis (whooping cough) awareness

Whooping cough cases on the rise

There has been a significant increase in Pertussis cases in Southern, which we are asking healthcare professionals to be alert to. This is similar to what is being seen elsewhere across Aotearoa | New Zealand and Australia.

Epidemics of Pertussis typically occur every 3-5 years, with the last national outbreak in Aotearoa | New Zealand beginning in late 2017 and continuing through 2018.

In Southern, the majority of the present cases are in the Wānaka area, particularly in schools, but it is likely that the infection is present more widely in the community. While there have not yet been high numbers of the cases notified elsewhere in Southern, NPHS Southern would like healthcare professionals to be alert to the possibility of the infection in their patients, and to continue to encourage its prevention through immunisation.

Pertussis can be particularly severe for babies, and they may require hospital care. The groups in the population groups most at risk of severe infection and its complications are young infants, people who are pregnant or with reduced immunity.

Vaccination

- Advise **pregnant people** of the increase in Pertussis and recommend the free Boostrix vaccination from 16 weeks in **every** pregnancy.
- Pertussis vaccination should be encouraged for the **extended whānau of pregnant people, new babies** and infants, although depending on their age they may not be eligible for a funded vaccine.
- Continue to **prioritise on time immunisation** for all babies at 6w, 3m and 5m and boosters at 4 years and 11 years for children.
- Encourage all **staff, including reception and administrative staff**, to be protected from Pertussis as well as influenza and measles. Booster vaccinations are recommended for all lead maternity carers and healthcare workers who are in daily contact with infants.
- Adults aged 45 years (if they haven't already had 4 vaccines) and 65 years are also eligible for a free pertussis booster.

Testing, treatment and isolation

- Pertussis PCR is the recommended test for people presenting with whooping cough characteristic symptoms, including onset of upper respiratory tract infection with cough; post-tussive vomiting, apnoea or cyanosis; an inspiratory whoop following cough in younger children noting infants may not whoop; gasping or gagging instead of whooping in older children and adults.
- PCR testing is useful within 3 weeks of symptom onset. Probable and confirmed cases need to isolate at home for 5 days from starting antibiotic treatment or 2 days if treated with azithromycin.

Treatment is recommended within 3 weeks of onset of symptoms. Antibiotic prophylaxis is recommended for **high priority contacts** within 3 weeks of exposure to an infectious case.

High priority contacts include:

- infants younger than 1 year
- children <5 years who are unimmunised or partially immunised
- pregnant people
- people at risk of severe disease, e.g. chronic respiratory disease, congenital heart disease, immunocompromise
- people who work or spend extended time with vulnerable people outside the household, e.g. early childhood centre, aged residential care, healthcare settings.

Treatment of symptomatic or high priority contacts

Follow the guidance available on HealthPathways for *diagnosis, isolation*, antibiotic treatment of symptomatic and high priority contacts. Guidance is also available in the Communicable Diseases Manual – see [here](#).

The recommended prophylactic antibiotics and dosages are the same for case treatment and prophylaxis for high-risk contacts.

Notify suspected cases of Pertussis to the NPHS via: ERMS: Public Health > Notifiable Disease (if you are working in the community), or if ERMS is not available, email notifyMOH@southernhb.govt.nz Or; alternatively (and after hours), phone 03 474 0999 and ask for the on- call Medical Officer of Health.

Please include in the notification whether your patient might have been in contact with anyone at risk of disease or complications from the infection (**i.e. young infants, people who are pregnant or with reduced immunity**).

Unless informed by NPHS otherwise, please **test, treat, isolate and notify** NPHS Southern anyone who fits the clinical presentation of suspected pertussis.

NPHS would like to thank you all for your help in the management and prevention of this infection in our community.

Further Information

- Additional information about Pertussis is available on the Health NZ | Te Whatu Ora website [here](#).
- IMAC: www.immune.org.nz/diseases/pertussis
- KidsHealth: www.kidshealth.org.nz/whooping-cough
- Downloadable collateral for providers about Pertussis is available from the following sources:
 - [Dropbox – National Immunisation Programme – vaccine resources](#)
 - [HealthEd](#)
 - [Bluestar portal](#).