

PUBLIC HEALTH ALERT

5th November 2019

Darling Downs Public Health Unit

Darling Downs Hospital and Health Service

Enquiries to: Communicable
Disease Control
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Date: 25/2/19

Dear Colleagues

Pertussis alert for Darling Downs and South West Regions

The Darling Downs Public Health Unit has had an increase in the number of notifications for pertussis with outbreaks in several towns. Those affected include both children (mainly of primary school age) and adults. In the majority of cases the children affected it has been at least five years since their last DTPa vaccination.

What can be done now?

- Have a high clinical index of suspicion for pertussis in children (and others) presenting with a coughing illness – even if they have been fully vaccinated. Many children who have been vaccinated are only presenting with a mild cough.
- Carry out appropriate diagnostic testing for suspected cases. (PCR on nasopharyngeal aspirate or swab – particularly in the first 3 weeks of cough – using a Dacron™ or rayon tipped swab, transported dry). NOTE: some doctors are still ordering serology, serology is NOT an appropriate test for acute pertussis due to the impact of vaccination
- In the interim, the patient should stay at home until the diagnosis of pertussis is excluded. If pertussis is confirmed they need to remain at home until completion of 5 days of a course of appropriate antibiotics
- Treat cases and provide prophylaxis to appropriate contacts using correct antibiotics. (See the attached summary advice, and refer to the National pertussis guidelines for details)
- Please check the child's immunisation status on the Australian Immunisation Register and provide catch up vaccination if required. It is important to check that any year 7 students receive their booster dose either through the school immunisation program or as a catch-up
- Provide pertussis vaccination (dTpa, Adacel™ funded program) to pregnant women at 28-32 weeks of gestation of each pregnancy.
- Provide booster vaccinations to other adults in contact with young children if more than ten years since their previous dose (as per the Australian Immunisation Handbook).

Australian Immunisation Handbook:

<https://immunisationhandbook.health.gov.au/>

National pertussis guidelines:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-pertussis.htm>

Pertussis immunity from the disease and/or immunisation is not long-lasting.

If you require any further information please contact me on 46998240 or by email at Penny.Hutchinson@health.qld.gov.au.

Yours Sincerely
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Age Group	Macrolides	Macrolides	Macrolides	Non Macrolide alternative
	Azithromycin	Clarithromycin	Erythromycin*	Trimethoprim + Sulfamethoxazole
<1 month	10mg/kg daily for 5 days	Not recommended (as no safety data)	Not recommended (assoc. with pyloric stenosis)	Not recommended
1 – 5 months	10mg/kg daily for 5 days	7.5mg/kg twice a day for 7 days (up to 1g/day)	Erythromycin 10mg/kg (up to 250mg) every 6 hours for 7 days Erythromycin (ethyl succinate formulation) child >1 month 10mg/kg up to 400mg every 6 hours for 7 days	Child ≥2months 4+20mg/kg (up to 160+800mg) twice a day for 7 days
Infants ≥6 months and children	10mg/kg (up to 500mg) on Day 1, followed by 5mg/kg (up to 250mg) on Days 2-5	7.5mg/kg twice a day for 7 days (up to 1g/day)	Erythromycin 10mg/kg (up to 250mg) every 6 hours for 7 days Erythromycin (ethyl succinate formulation) child >1 month 10mg/kg (up to 400mg) every 6 hours for 7 days	4+20mg/kg (up to 160+800mg) twice a day for 7 days
Adults	500mg on Day 1 followed by 250mg daily on Days 2-5	500mg twice a day for 7 days	Erythromycin 250mg every 6 hours for 7 days. Erythromycin (ethyl succinate formulation) 400mg every 6 hours for 7 days	160+800mg twice a day for 7 days
Pregnancy	Pregnant women with onset of pertussis or exposure within a month of expected delivery should receive antibiotic therapy. It is the responsibility of the treating doctor to select the most appropriate antibiotic. Erythromycin (Category A) has variable absorption and frequent gastrointestinal side-effects. Azithromycin (Category B1) has better absorption. Clarithromycin is a Category B3 antibiotic. ¹⁶	Pregnant women with onset of pertussis or exposure within a month of expected delivery should receive antibiotic therapy. It is the responsibility of the treating doctor to select the most appropriate antibiotic. Erythromycin (Category A) has variable absorption and frequent gastrointestinal side-effects. Azithromycin (Category B1) has better absorption. Clarithromycin is a Category B3 antibiotic. ¹⁶	Pregnant women with onset of pertussis or exposure within a month of expected delivery should receive antibiotic therapy. It is the responsibility of the treating doctor to select the most appropriate antibiotic. Erythromycin (Category A) has variable absorption and frequent gastrointestinal side-effects. Azithromycin (Category B1) has better absorption. Clarithromycin is a Category B3 antibiotic. ¹⁶	Pregnant women with onset of pertussis or exposure within a month of expected delivery should receive antibiotic therapy. It is the responsibility of the treating doctor to select the most appropriate antibiotic. Erythromycin (Category A) has variable absorption and frequent gastrointestinal side-effects. Azithromycin (Category B1) has better absorption. Clarithromycin is a Category B3 antibiotic. ¹⁶