

# Whooping Cough Alert

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

1. Whooping cough continues to increase in NSW, particularly amongst school-aged children.
2. Prompt diagnosis, isolation and antibiotics can reduce transmission and protect infants.
3. Ensure infants are vaccinated on time, and all pregnant women are vaccinated between 20-32 weeks.

## Background

- Whooping cough (pertussis) is a bacterial respiratory infection that can cause severe disease or rarely death in infants.
- It typically presents as a persistent cough, often worse at night.
- Early treatment with antibiotics stops transmission and may reduce the duration of symptoms.

## Recommendations – Antibiotic Treatment as per Therapeutic Guidelines

Antibiotic	<1 mth	1 – <6 mths	Children $\geq$ 6 mths	Adults	Pregnancy	Frequency	Duration
Azithromycin	10mg/kg	10mg/kg	Day 1: 10mg/kg (max 500mg)	Day 1: 500mg	Day 1: 500mg	Daily	5 days
			Days 2-5: 5mg/kg (max 250mg)	Days 2-5: 250mg	Days 2-5: 250mg		
Clarithromycin	7.5mg/kg (max 500mg)	7.5mg/kg (max 500mg)	7.5mg/kg (max 500mg)	500mg	500mg	Twice a day	7 days
Trimethoprim + Sulfamethoxazole	N/A	4+20mg/kg (max 160+800mg)	4+20mg/kg (max 160+800mg)	160+800mg	NOT to be used in 1 <sup>st</sup> or 3 <sup>rd</sup> trimester	Twice a day	7 days

**Note:** Antibiotic therapy is not indicated 21 days or more after cough onset, as after this time patients are no longer infectious and antibiotics don't change the clinical course of the disease.

Macrolides are compatible with breastfeeding (infant may have loose bowel motions). Trimethoprim + sulfamethoxazole should be avoided in breastfeeding if neonate is preterm, unwell or has hyperbilirubinaemia.

## Recommendations – Vaccination – National Immunisation Program funded

- Offer all pregnant women diphtheria-tetanus-pertussis (dTp adult formulation) vaccine between 20-32 weeks gestation in each pregnancy to provide passive immunity at birth to their infant. Administer vaccine as early as possible (from 20 weeks) to women at high risk of early delivery.
- Health care workers recommending the pertussis vaccine during pregnancy is the main reason why women choose to have this safe and effective vaccine to protect their infant.
- Vaccinate infants on time at 6 weeks, 4 months & 6 months with Infanrix hexa or Vaxelis.

## Diagnosis

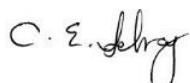
- Bordetella pertussis PCR on a nasopharyngeal (preferred) or throat swab. Pertussis PCR may be included in respiratory multiplex PCR panels – check with your pathology provider.
- Serology is not recommended for detecting infection.

## Response to cases

- If the household contains women in the last month of pregnancy, or infants who haven't received their 6-month vaccines, prescribe antibiotic treatment (per table above) for all household members, provided it is within 14 days of first contact with your patient when they were infectious. Your patient was infectious from when they first had any symptoms until 21 days after cough onset.
- 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.
- Ask your patient to 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.

## For further information

- See your HealthPathways or NSW Health <https://www.health.nsw.gov.au/Infectious/whoopingcough/Pages/workers.aspx>



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