



**- Please immediately bring to the attention of all doctors -**

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Contact telephone number: **8226-7177 (24 hours/7 days)**

## ONGOING HIGH NUMBERS OF PERTUSSIS NOTIFICATIONS IN SA

The CDCB continues to receive higher than usual pertussis notifications across SA. To assist in reducing the number of pertussis infections, a reminder of features of pertussis investigation and control, including management of contacts, is outlined below.

### Recommendations for pertussis vaccination:

Vaccination remains the most effective intervention to reduce the burden of pertussis in the community and so it is important to ensure all childhood immunisations are up to date.

Additionally, due to the changing epidemiology of pertussis infection, the *Australian Immunisation Handbook* 9<sup>th</sup> edition recommends that the following groups be offered an adult pertussis booster vaccination (dTpa; [Adacel / Boostrix]):

- those planning a pregnancy (both parents), new parents and grandparents
- those who work with young children (especially childcare workers)
- all health care workers
- and any adult expressing an interest in receiving a diphtheria-tetanus booster.

### Recommendations for testing patients suspected to have pertussis:

- The preferred test for *B. pertussis* is nucleic acid testing (PCR) on a throat swab, nasopharyngeal swab or nasopharyngeal aspirate, (Dacron swab, sent dry, not in transport medium)
- Serology may be an appropriate test only if the patient has presented late in the course of the illness (>21 days since onset of cough), when the other detection methods have reduced sensitivity. Note: a single high IgA may reflect a history of vaccination or infection during the past 2 years, and possibly infection with other respiratory pathogens, rather than a true acute pertussis infection.

### Management of a patient with pertussis:

1. All patients with pertussis should be excluded from work, school or childcare until 5 days of appropriate antibiotic treatment (as per 'Management of cases' pages 235-236 of the *Australian Immunisation Handbook* 9<sup>th</sup> edition) or 21 days after the onset of illness,
2. Notify CDCB by telephone or fax, as recommended, after establishing the nature of contacts.

### Management of contacts:

1. Determine if there are any vulnerable **household contacts**:
  - a. Children <24 months within the household who have not had at least 3 pertussis vaccinations
  - b. Pregnant women in the last 4 weeks of pregnancy.
2. Manage household contacts of cases as per pages 237-239 in the *Australian Immunisation Handbook* 9<sup>th</sup> edition
3. Determine if the case had any **contact with high risk institutions**, such as child care centres or health care staff working in a maternity hospital or newborn nursery. If high risk institutional contact is identified, please urgently notify CDCB by telephone to initiate public health action.

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*Information contained within this advice should be treated as confidential and is for the intended recipient only.*

**PUBLIC HEALTH ALERT**