

VISIT TO GP

CLINICAL ASSESSMENT - Consider Pertussis with:

- Mild, upper respiratory tract symptoms - catarrhal stage followed by:
- Cough - usually paroxysms of cough
 - characteristic whoop in 50% of predictive cases and up to 20% of adult cases
 - commonly followed by vomiting / apnoea
- Fever is absent or minimal
- Contact with a confirmed case
- No other explanation for cough apparent

Whooping cough occurs in all ages.

Other factors which should increase index of concern and lower treatment threshold:

- **Contact history** e.g. school, pre-school, playmates, friends, relatives with above symptoms
- **Increased community risk** if individual is midwife, early childhood worker, teacher or parent who comes into contact with children under the age of 1 year.
- **Medically compromised** e.g. all less than 1 year old, ex-premature baby, congenital disease, immunosuppressed, chronic illness

DIFFERENTIAL DIAGNOSIS

*Asthma * Post viral cough * Croup and variants

PUBLIC HEALTH WILL:

- 1) Review immunisation status of case
- 2) Review case management
- 3) Trace contacts:
 - *Check immunisation status
 - *Refer at-risk contacts to GP for antibiotics.
- 4) Collect Data for national statistics

ON SUSPICION OF PERTUSSIS, GP SHOULD ...

- **Swab**
- **Commence treatment:**
14 days Erythromycin if within 3 weeks of onset of cough (40-50mg/kg/day in divided doses, maximum 2g/day)
- **Exclude case** from work, school, or pre-school (for 5 days after treatment started, or 3 weeks if not treated).
- **Offer Vaccination** to family contacts if unvaccinated or incomplete
- **Consider Treatment** of household contacts if there is a child under 1 in the house
- **Notify Public Health on Case Report Form**

INFORMATION ON PERTUSSIS

Incubation Stage Usually 7-10 days	Catarrhal Stage 1-2 weeks	Paroxysmal Stage 2-4 weeks	Convalescent Stage 2-4 weeks
<p>*Highly Infectious * ACT ON SUSPICION * Nasopharangeal swab * DO NOT WAIT FOR SWAB RESULTS * Commence antibiotics * Exclude case until non-infectious * Consider vulnerable contacts * Notify Public Health, NB: After 3 weeks from onset of cough, infectivity decreases to very low. Swab pick up decreases. Antibiotics not useful. Blood tests not very useful and interpretation is difficult in Pertussis.</p>			
<ul style="list-style-type: none"> • 90% of non-immune household contacts may get the disease. • Infants and young children are often infected by older siblings or adults who may have mild disease • Vaccine efficacy is 80-95% but immunity begins to wear off after 3 years. <p style="text-align: center;">PREVENTION</p> <p style="text-align: center;">On time vaccination is the key preventive measure</p>	<ul style="list-style-type: none"> • Non-specific symptoms of coryza, mild cough, lacrimation, malaise & low-grade fever. • Patients are most infectious during catarrhal stage. • Nasopharangeal cultures are +ve in 70-80% of children and 30-60% of adults if obtained during catarrhal or early paroxysmal stages. • Treatment of choice is erythromycin at 40-50mg/kg per day in 4 divided doses (max. 2g/day) for 14 days. • Antimicrobials given during the catarrhal stage may ameliorate the disease. After paroxysms are established however, antimicrobials usually have no discernible effect on the course of illness and are recommended mainly to limit the spread of the organism to others. 	<ul style="list-style-type: none"> • Characterised by paroxysmal cough. • The number of coughs per spasm varies between 10 & 30. Characteristically there is no inspiration during the coughing spasm. • Distinctive whoop is heard in 50% of paediatric cases and 5-20% of adult cases. • Infants can present with apnoea without a cough. • Post-tussive vomiting is common & should be considered suggestive of pertussis. • Fever is generally absent except in cases of bacterial superinfection. • Patient is considered infectious until 3 weeks after onset of paroxysmal coughing or 5 days after the start of a 14-day course of an appropriate antibiotic. • However, an unimmunised, untreated infant may be infectious for 6+ weeks after onset of cough. 	<ul style="list-style-type: none"> • Complete resolution of cough may require several months. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>There is evidence that 14 days of erythromycin may prevent Pertussis in close contacts if given before cough develops. Those most at risk from Pertussis are infants aged less than 1 year. See Immunisation Handbook or contact your local Public Health Unit for more details on preventing Pertussis in close contacts if necessary.</p> </div>

ACTION TABLE

CLINICAL EVENTS

LAB TEST

Contact



Usually
7-10 days

Catarrhal
Stage



1-2 weeks

Paroxysmal
Stage

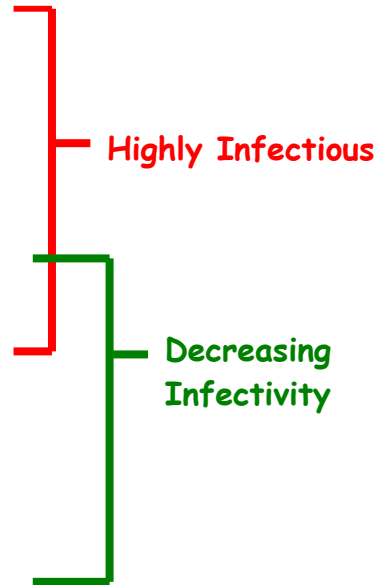


2-4 weeks

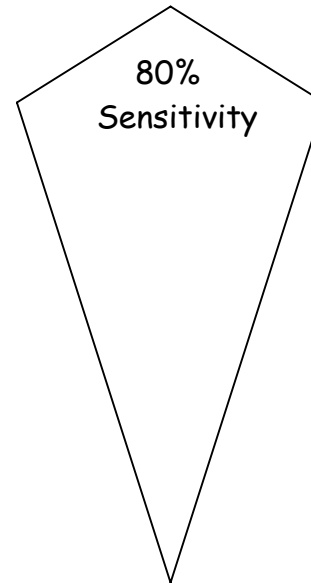
Convalescent
Stage



2-4 weeks



SWAB
Nasopharangeal



- ✓ Notify on Suspicion
- ✓ **DO NOT WAIT FOR RESULTS**
- ✓ Treat with Antibiotics
- ✓ Exclude case
- ✓ Consider Vulnerable contacts
- ✓ Notify Public Health:
 - Please ensure up-to-date phone details for case.
 - Pertussis vaccination status