NHS Dumfries and Galloway: pertussis comms (06.06.2024; Version 2)

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As you will possibly be aware, there has been a national increase in whooping cough cases. Whilst the proportion of pertussis cases in D&G is low relative to some Health Board areas, we have seen a marked increase in our numbers locally.

In the last month, there have been 46 cases of pertussis notified to the health protection team. In the same time period in 2019, there were a total of 3 cases.

Key points of note:

- Please consider pertussis as a possible diagnosis and arrange for testing as appropriate. Suspected pertussis is identified as:
    - Any person with an acute cough lasting 14 days or more, without an apparent cause plus one or more of the following:
        - Paroxysms of coughing
        - Vomiting after a coughing fit
        - Inspiratory whoop
- Testing is recommended as below
    - Less than 3 weeks from cough onset - PCR - throat swab (viral swab)
        - see Appendix 1 below.
        - **Ensure swab is in date for use**
    - More than 3 weeks from cough onset – serology
        - see Microbiology Laboratory Handbook
    - PCR/Serology are both sent to the national reference laboratory for processing.
- Being fully vaccinated doe**s not mean** it could not be whooping cough, as there is evidence of protection waning.
- It is important that if whooping cough is clinically suspected, that you **contact the Health Protection Team on 01387 272724 option 6 or by email dg.hpt@nhs.scot.** This enables the health protection team to risk assess cases and deploy mitigations to prevent the transmission of pertussis to vulnerable people.
- The decision to offer antibiotics and the choice of treatment is a clinical decision. Ideally antibiotics should be administered as soon as possible after onset of illness in order to eradicate the organism and limit ongoing transmission. The effect of treatment on reducing symptoms, however, is limited or lacking especially when given late during the disease. **Antibiotics are not recommended or thought to be beneficial after three weeks of symptoms**. Antibiotic regimens are summarised in Appendix 2 below.

Further information on the management of cases of pertussis (suspected or confirmed) is contained in the national guidance: Guidelines for the public health management of pertussis (publishing.service.gov.uk)

Appendix 1: Laboratory handbook

Respiratory / Atypical Pneumonia / Pertussis Viral PCR screen

Microbiology

Test Name	Respiratory / Atypical Pneumonia / Pertussis Viral PCR screen
Alternative Names	Mycoplasma, Flu, Adenovirus, Enterovirus, RSV, Coronavirus, Pertussis, Whooping cough
Sample	Throat, Nasal, Eye, Sputum, Respiratory secretions, Nasopharyngeal aspirate
Sampling Information	Swabs: Use the provided packs containing viral transport medium and dry swab. Sputum/Respiratory Secretions: Collect in a dry sterile universal pot.
Handling Information	Please use the respiratory risk bag provided when sending any respiratory sample and all sample types from a suspected/known case of COVID 19
Lab Code	VIRS
Turnround	24-48 hrs
Comments	Please include relevant clinical information and any recent foreign travel. For information regarding Novel Respiratory infections e.g. Novel Coronavirus (SARS-CoV-2) and Novel avian influenza A (H7N9) **refer to current HPS guidelines click here** .

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Please use a Microbiology form when requesting this test and ensure that you add the mandatory CHI number.

Appendix 2: Recommended antibiotic treatment

Table 2: Recommended antibiotic treatment and post exposure prophylaxis by age group[b]

Age group	Clarithromycin*	Azithromycin*	Erythromycin	Co-trimoxazole*[c]
Neonates (<1 month)	Preferred in neonates 7.5mg/kg twice a day for 7 days	10mg/kg once a day for 3 days	Not recommended due to association with hypertrophic pyloric stenosis	Not licensed for infants below 6 weeks
Infants (1 month – 12 months) **&** **Children (>12 months)**	**1 month to 11 years**: **Under 8kgs** 7.5mg/kg twice a day for 7 days **8-11kg** 62.5mg twice a day for 7 days **12-19kg** 125mg twice a day for 7 days **20-29kg** 187.5mg twice a day for 7 days **30-40kg** 250mg twice a day for 7 days **12 to 17 years**: 500mg twice a day for 7 days	**1 to 6 months**: 10mg/kg once a day for 3 days **> 6 months**: 10mg/kg (max 500mg) once a day for 3 days	**1 to 23 months**: 125mg every 6 hours for 7 days[≠] **2 to 7 years**: 250mg every 6 hours for 7 days[≠] **8 to 17 years**: 500mg every 6 hours for 7 days[≠]	**6 weeks to 5 months**: 120mg twice a day for 7 days **6 months to 5 years:** 240mg twice a day for 7 days **6 to 11 years**: 480mg twice a day for 7 days **12 to 17 years**: 960mg twice a day for 7 days
Adults	500mg twice a day for 7 days	500mg once a day for 3 days	500mg every 6 hours for 7 days[≠]	960mg twice a day for 7 days
Pregnant women[d]	Not recommended	Not recommended	Preferred antibiotic - not known to be harmful	**Contraindicated in pregnancy**

[≠] Doses can be doubled in severe infections
*** Please note that the doses for treatment and prophylaxis are the same**

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[b] The above information has been taken from BNF 75 (March 2018) and BNF for Children 2017-18. The recommendation to use azithromycin for infants less than six months of age is based on advice from experts on the Pertussis Guidelines Group and CDC Guidelines. Azithromycin and co-trimoxazole doses are extrapolated from treatment of respiratory tract infections.
[c] Consider if macrolides contra-indicated or not tolerated.
[d] For pregnant contacts, a risk assessment would need to be done to looks at the risk and benefits of antibiotic therapy/prophylaxis. The aim of treating/prophylaxing women in pregnancy is to prevent transmission to the newborn infant, and should be considered in those who have not received a pertussis containing vaccine more than one week and less than five years prior. Where possible, pregnant women should begin treatment at least three days prior to delivery.