



ALERT FOR CLINICIANS

Pertussis: Reminder to test and vaccinate

KEY POINTS

- Consider pertussis (whooping cough) in patients with cough, particularly paroxysmal or prolonged cough or if associated with post-tussive vomiting, regardless of age or vaccination status.
- **Test for pertussis** via a nasopharyngeal swab or aspirate and request pertussis PCR testing.
- Ensure patients are up to date with **pertussis vaccinations**, including in each pregnancy, infants and their siblings, childcare and healthcare workers, and people in contact with pregnant women and infants.

Epidemiological and clinical considerations

- Pertussis is a highly infectious bacterial infection mainly transmitted through respiratory droplets or contact with respiratory secretions.
- In WA, pertussis cases have [started to increase](#) after very low levels during the COVID-19 pandemic. Increases have also been observed in Queensland, NSW and Victoria, the UK, and parts of Europe.
- Pertussis presents with common cold-like symptoms (rhinorrhoea, cough, mild fever, lethargy) and typically progresses to bouts of paroxysmal coughing, sometimes with post-tussive vomiting, choking or an inspiratory whoop. The cough is often worse at night and may last up to 3 months.
- Children do not always have a 'whoop'. Young infants may not cough but may present in respiratory distress with cyanosis and apnoea, feeding problems and weight loss, or seizures.
- Infants aged under 6 months are at greatest risk of severe disease, hospitalisation and death.

Laboratory testing

- Obtain a nasopharyngeal swab or aspirate for pertussis PCR for patients with less than 3 weeks of cough; request pertussis serology if more than 3 weeks of cough. Wear a mask when in contact with the patient.
- A pertussis PCR may be added on to a respiratory viral PCR sample, if needed.
- Advise patients to avoid contact with infants and pregnant women until the result is known.

Case management

- An appropriate antibiotic should be started as soon as possible and within 3 weeks of onset of cough to reduce symptoms and transmission.
- Refer neonates with pertussis for urgent specialist assessment or emergency care.
- Advise cases to stay home from childcare, school or work, and away from infants and pregnant women and their contacts, until they are no longer infectious (i.e. after 5 days of an appropriate antibiotic, 21 days after onset of cough, or 14 days after onset of paroxysmal cough).

Vaccination

- Ensure patients are up to date with recommended vaccinations, particularly pregnant women between 20-32 weeks gestation, infants and their siblings, and adults who care for infants under 6 months of age who have not received a booster in the last 10 years.
- Pertussis vaccine is free for pregnant women, and for catch-up doses in children until 20 years of age.
- Refer to the Australian Immunisation Handbook: <https://immunisationhandbook.health.gov.au/>.

Notification of cases

- Phone your local [Public Health Unit](#) (8am-5pm Mon-Fri, excluding public holidays) or after hours call 08 9328 0553 to discuss clusters of cases or follow up and antibiotic prophylaxis for high-risk contacts, including pregnant women, infants under 6 months, and people in contact with these groups including carers, childcare and healthcare workers.

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Infectious Diseases Health Alerts: https://ww2.health.wa.gov.au/Articles/F_I/Health-alerts-infectious-diseases

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