



## **ALERT FOR CLINICIANS**

### **Pertussis: Increasing cases and shortage of azithromycin oral suspension**

#### **KEY POINTS**

- Pertussis cases are increasing in WA, particularly amongst school-aged children.
- Ensure patients are up to date with pertussis **vaccination**, including pregnant women, infants and their siblings, and those caring for infants such as parents, childcare staff and healthcare workers.
- Consider and **test** for pertussis in patients with cough, particularly paroxysmal or prolonged cough or if associated with post-tussive vomiting, regardless of patient age or vaccination status.
- There are [supply disruptions](#) for azithromycin oral suspension. Discuss with your local pharmacy and/or consider alternative antibiotics as per [Therapeutic Guidelines: Antibiotic](#).

#### **Epidemiology**

- Cases of pertussis are increasing around Australia, [including in WA](#); most cases are in children, with the highest proportion aged 10-14 years.
- Infants aged under 6 months are at greatest risk of severe disease, hospitalisation and death.

#### **Prevention: vaccination**

- Ensure patients are up to date with recommended pertussis vaccinations, particularly pregnant women between 20 and 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.
- Free pertussis vaccines are available for pregnant women and for routine childhood and adolescent vaccination, including catch-up doses, under the [National Immunisation Program](#).
- Refer to the [Australian Immunisation Handbook](#) for further information.

#### **Clinical considerations and testing**

- Pertussis presents with common cold-like symptoms (cough, rhinorrhoea, mild fever, lethargy) and typically progresses to bouts of paroxysmal coughing, sometimes associated with post-tussive vomiting, choking or inspiratory whoop. The cough is often worse at night and may last up to 3 months.
- In patients with less than 4 weeks of cough or 3 weeks of paroxysmal cough, obtain a nasopharyngeal swab/aspirate and request pertussis PCR testing (or add-on to a respiratory virus sample); the sensitivity and specificity of pertussis serology is low, but may be useful in patients unwell for more than 2 weeks.
- Advise patients to stay away from infants and pregnant women until the result is known.

#### **Management of cases**

- Commence antibiotics as soon as possible for all cases diagnosed within 3 weeks of cough onset.
- Refer neonates with pertussis for urgent specialist assessment or emergency care.
- Cases should stay home from childcare, school or work, and avoid infants and pregnant women, until they are no longer infectious (i.e. until 21 days after onset of any cough or 14 days after onset of paroxysmal cough or completion of 5 days of an appropriate antibiotic).
- Assist public health to identify high risk contacts of the case (e.g. pregnant women, infants or attendance at childcare while infectious) as post-exposure prophylaxis may be recommended.

#### **Azithromycin oral suspension shortage**

- See [Therapeutic Goods Administration](#) for details about the shortage of azithromycin oral suspension.
- Check with your local pharmacy on availability of azithromycin oral suspension or consider prescribing alternative antibiotics as per [Therapeutic Guidelines: Antibiotic](#).
- Azithromycin tablets may also be crushed and mixed in a spoonful of yoghurt or apple puree – see the [Antibiotic prescribing in primary care: Therapeutic Guidelines summary table](#) (page 8-9) for instructions.

#### **Notification of cases**

- [Notify](#) pertussis cases to public health. Contact your [Public Health Unit](#) (or on-call public health physician after hours via 9328 0553) to discuss clusters of cases or if public health advice is required.

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