

Ākina – A call to action

WHOOPING COUGH – URGENT ATTENTION

Date: April 2023 **Authors:** Rawiri McKree Jansen and Leanne Te Karu

For your: Advice and Information **Approved by** Dr Rawiri McKree Jansen

Tēnā koutou katoa i runga i ngā ahuatanga o te wā, otirā ka tangi mō rātou kua hinga i te mate rewharewha.

Issue of concern: Whooping Cough (*Bordetella pertussis*) Cluster

Sadly, there have been three preventable deaths from pertussis infection to date this year. The deaths are in babies less than 3 months old and of Māori and Pasifika ethnicity. Community infection is likely to be more widespread than the very small case numbers currently detected. The deaths are not geographically linked. Pertussis is highly infectious.

Request

Antenatal Immunisation: **must** be offered to every hapū māmā for every pregnancy.

Please create a second trimester recall when a pregnancy is confirmed in your clinic – use the Best Start Pregnancy tool (<https://www.gen2040.co.nz/best-start-resources>) or similar from your PHO.

Childhood Immunisation: **must** be offered to every pēpē.

Ensure robust practice systems for newborn enrolment and on-time 6-week vaccinations, and urgently achieve catch-up immunisations. **Prioritise Māori and Pasifika pēpē.**

Please use the Immunisation Prioritisation Matrix

https://www.health.govt.nz/system/files/documents/pages/childhood_priority_immunisation_in_new_zealand_policy_statement_v1.0_dec_2022_1.pdf

Adult Immunisation: **should** be offered to all those that are eligible for funded vaccination (people previously unimmunised or partially immunised; patients aged 45 years old or 65 years old)

should be offered to all those whom it is recommended for but not funded (professionals in contact with infants; household and close contacts of newborns; caregivers of infants born at less than 32 weeks' gestation; adults <65 years with a medical condition who are at increased risk of severe consequences of pertussis such as COPD).

Test and Treatment

Consider testing when it will alter patient management or contribute to public health management. Consider pertussis in patients of all ages with paroxysmal cough to detect and limit community spread.

In untreated cases, the communicable stage lasts from the catarrhal stage to 3 weeks after the onset of paroxysmal cough. **When treated, communicability lasts approximately 2–5 days from the first dose, thereby limiting community spread. Consult health pathways for treatment options.**

Babies with pertussis illness may not present with a characteristic whoop: **Prioritise Māori and Pasifika babies for in-person assessment.**

Monitoring

Te Aka Whai Ora will continue to monitor immunisation rates.



Dr Rawiri McKree Jansen
Chief Medical Officer



Leanne Te Karu
Pharmacotherapy Advisor (interim)