

Guide to Pertussis Management

Immunisation

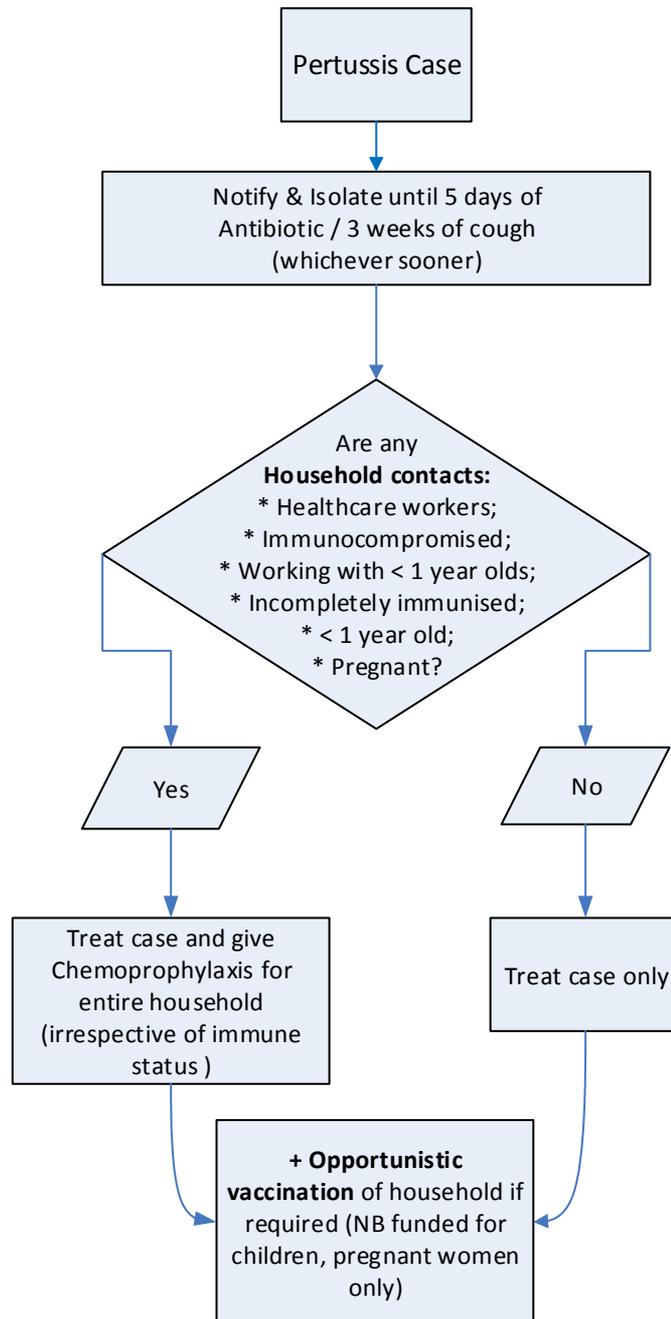
The Pertussis vaccine saves infants lives.

Pregnancy: Immunisation is funded for every pregnancy from 20 weeks gestation – with the ideal time to give the vaccine between 28-38 weeks. **Vaccination protects both mother and baby in the most vulnerable first 6 weeks of life.**

Vaccination needs to be on time to protect infants best: Delay in receipt of any of the first three pertussis immunisations increases the odds of hospitalisation with pertussis in the first year of life by 4-5 times.

- DTaP-IPV_HepB at:
 - 6 weeks
 - 3 months
 - 5 months
- DTAP-IPV at 4 years
- Tdap at 11 years

Immunity wanes (whether from vaccine or infection) over 4-6 years, so boosters are required.



Treatment and Prophylaxis

Treatment reduces infectivity, early treatment may modify disease severity.

1st line:

Azithromycin 5 days is fully funded for all age groups for the treatment or prophylaxis of pertussis Dose:

- **Infants and children:** Day 1: 10mg/kg/day in a single daily dose (max 500mg day 1); Days 2-5: 5mg/kg/day in a single daily dose (max 250mg per day)
- **Adults:** Day 1: 500mg as a single dose; Days 2-5: 250mg once daily

2nd line:

Erythromycin ethyl succinate (EES/E-Mycin) is also fully funded for treatment in children aged 12 months and older and in adults but must be given as a **14 day course**:

- **Adults:** 400 mg four times a day for 14 days
- **Children 12 months or older:** 10 mg/kg/dose four times a day for 14 days (max 400mg qid)

Roxithromycin (RULIDE) is NOT recommended for treatment/chemoprophylaxis of pertussis due to poor serum and tissue concentrations achieved.