

To:	Infection Prevention and Control and Occupational Health teams, Hospital Specialists, After-Hours Centres and Emergency Departments, Ambulance Services
Cc:	NPHS national and regional services
From:	Dr Susan Jack, National Clinical Director   Medical Officer of Health, NPHS
Date:	09/01/2025
Title:	Pertussis (whooping cough) public health reminders

Please share the following information with relevant staff in your organisation

Pertussis (whooping cough) public health reminders

With Aotearoa experiencing a pertussis epidemic, we are continuing to see cases spread across the motu, affecting various age groups and ethnicities, with some hospitalisations among young babies and older people. We expect case numbers to keep fluctuating for many months ahead.

To prepare for this, we are asking hospital and emergency response staff to please remain vigilant for people presenting with pertussis symptoms and to follow this national guidance to help reduce transmission.

This communication covers the following:

- Symptoms to be alert for
- Respiratory hygiene in staff, patients and visitors for infection prevention and control (IPC)
- IPC precautions for healthcare settings
- Vaccination

Symptoms to be alert for

Cases are most contagious during the early runny nose stage and continue to be infectious for 3 weeks.

The first symptoms of pertussis are similar to the respiratory symptoms of a cold:

- a blocked or runny nose
- sneezing
- a mild fever
- cough

Cases may go on to develop:

- paroxysms of coughing
- cough ending in vomiting
- inspiratory whoop
- apnoea or cyanosis (in infants aged under 12 months).

Respiratory hygiene in staff, patients and visitors for IPC of pertussis (Droplet Precautions)

To prevent transmission of pertussis infection, it is critical to ensure staff, patients and visitors follow these basic IPC measures as a first step to containing respiratory secretions:

- Use masks: **Have a supply of medical masks available for patients presenting with any respiratory symptoms (runny nose, coughing, sneezing) and ask them to wear a mask.** Staff and visitors should also wear a mask when having contact with patients who have respiratory symptoms.
- Practice hand hygiene: Perform hand hygiene before and after patient contact.
- Support respiratory hygiene/cough etiquette including mask use by encouraging:
  - Covering the mouth and/or nose with a tissue when coughing or sneezing.
  - Coughing or sneezing into the upper sleeve, not the hands.
  - Using tissues to contain respiratory secretions and place used tissues immediately into a waste bin.
  - Cleaning hands thoroughly afterwards.

## IPC precautions for healthcare settings

In addition, the following IPC precautions should be applied in the management of confirmed and probable pertussis cases in healthcare settings:

- Standard and droplet precaution measures apply and should be communicated to healthcare staff and visitors.
- Cases should be placed in a single room with **droplet precautions** including medical mask or N95/P2 respirator and eye protection worn by staff when providing care to the patient. Cohorting of patients with the same diagnosis is acceptable.
- The optimal length of time that infectious pertussis cases should be accommodated in a single room with appropriate IPC precautions is five days from the start of appropriate antibiotics, or 21 days from the start of cough. Variation in de-isolation time is at the discretion of the local IPC team.
- For confirmed cases of pertussis in healthcare facilities, consult immediately with IPC and/or Occupational Health teams to facilitate identification and management (including chemoprophylaxis) of close contacts including staff, current inpatients, and patients who may have been discharged to the community.
- Generally, work restrictions are not necessary for asymptomatic healthcare personnel who have an exposure to pertussis and are receiving chemoprophylaxis. Symptomatic contacts should be stood down for at least 48 hours after starting treatment/chemoprophylaxis from their standard duties and polymerase chain reaction (PCR) testing should be considered and/or arranged to confirm their diagnosis.
- Visitors with respiratory symptoms should be advised to stay at home and away from healthcare facilities (other than to seek medical attention), aged residential care facilities and to avoid contact with anyone at risk of getting seriously unwell with pertussis.
- During ambulance transportation, appropriate personal protective equipment should be worn by staff and patients. For staff this includes wearing a medical mask or seal checked N95/P2 respirator, eye protection and gloves for handling body fluids. Patients should wear a medical mask if possible.
- Where an outbreak is identified, an outbreak management team may be convened to oversee the local control and implementation of the outbreak policy.

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## Vaccination

As vaccination is our key line of defence against pertussis, we ask that you continue to promote pertussis vaccinations to protect vulnerable groups:

- Advise **pregnant people** particularly hāpu māmā of the increase in pertussis and recommend free Boostrix vaccination from 16 weeks in **every** pregnancy as it's the best way to protect their newborn.
- Pertussis vaccination should be encouraged for the **extended whānau of pregnant people, new babies** and infants, although depending on their age they may not be eligible for a funded vaccine.
- Continue to **prioritise on time immunisation** for all babies at 6w, 3m and 5m and pertussis boosters at 4 years and 11 years for children.
- Encourage all **staff, including reception and administrative staff who may come in contact with infants**, to be protected from pertussis. Booster vaccinations are recommended 5-10 yearly depending on employer requirements for all lead maternity carers and healthcare workers who are in direct contact with infants.
- Adults aged 45 years (if they haven't already had 4 vaccines) and 65 years are also eligible for a free pertussis booster.

Refer to local IPC and Occupational Health teams for specific institutional advice.