
To:	General Practitioners, Hospital Specialists, After-Hours Centres and Emergency Departments, Pharmacists, Lead Maternity Carers, College of GPs, College of Midwives, Hauora Māori and Pacific Health Providers, Well Child, Plunket, Laboratories and NZMN, NPHS national and regional services, Pertussis National Readiness Coordination Group.
From:	Dr Susan Jack, National Clinical Director Medical Officer of Health, NPHS
Date:	22/11/2024
Title:	National Pertussis (whooping cough) Epidemic

Please share the following information with relevant staff in your organisation.

Pertussis (whooping cough) epidemic declared across Aotearoa

Due to ongoing high levels of pertussis cases (and hospitalisations) occurring consistently across the motu over the last several weeks, the National Public Health Service (NPHS) and the Public Health Agency is now declaring a national epidemic. We are asking healthcare professionals to please remain vigilant for people presenting with symptoms and to continue to promote vaccinations to protect vulnerable groups.

Epidemics of pertussis typically occur every 3-5 years and usually last for 12-18 months, with the last national outbreak in New Zealand beginning in late 2017 and continuing through 2018.

Latest ESR [dashboard reporting](#) shows that following spikes in May, June and July, pertussis cases have been steadily increasing again since September, and now likely show the beginning of a national epidemic. In the past four weeks (19 October – 15 November) there were 263 cases – the highest number of cases over a four-week period to date for all of 2024, triggering a national epidemic response by public health services.

Cases have spread across the motu, affecting various age groups and ethnicities, with some hospitalisations among young babies and older people. Pertussis can be particularly severe for babies, and they may require hospital care. We are also aware that many school communities across the motu are being impacted by cases.

Vaccination

- 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**, to be protected from pertussis as well as influenza and measles. 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.

Testing, treatment and isolation

- Pertussis PCR is the recommended test for people presenting with whooping cough characteristic symptoms, including onset of upper respiratory tract infection with cough; post-tussive vomiting, apnoea or cyanosis; an inspiratory whoop following cough in younger children noting infants may not whoop; gasping or gagging instead of whooping in older children and adults.
- PCR testing is useful within 3 weeks of symptom onset. Probable and confirmed cases need to isolate at home for 5 days from starting antibiotic treatment or 2 days if treated with azithromycin.
- Epidemiologically linked cases do not need to be tested but should be notified as cases.

To reduce transmission, treatment is recommended for cases within 3 weeks of onset of symptoms. Antibiotic prophylaxis is recommended for **high priority contacts** within 3 weeks of exposure to an infectious case.

High priority contacts include:

- infants aged younger than 1 year who have received <3 doses of a pertussis-containing vaccine, especially those aged <6 months and/or Māori and Pacific infants
- pregnant people in their last trimester of pregnancy
- people who work or spend extended time with vulnerable people outside the household, e.g. early childhood centre, aged residential care, healthcare settings
- people at risk of severe disease, e.g. chronic respiratory disease, congenital heart disease, immunocompromised children aged <5 years who are unimmunised or partially immunised.

Treatment of symptomatic or high priority contacts

Follow the guidance available on HealthPathways for antibiotic treatment of symptomatic and high priority contacts. Guidance is also available in the Communicable Diseases Manual – see [here](#).

The recommended prophylactic antibiotics and dosages are the same for case treatment and prophylaxis for high-risk contacts. **Please notify suspected cases of pertussis to your local Public Health Service.**

Further Information

- Additional information about Pertussis is available on the Health NZ | Te Whatu Ora website [here](#).
- IMAC: www.immune.org.nz/diseases/pertussis
- KidsHealth: www.kidshealth.org.nz/whooping-cough
- Downloadable collateral for providers about Pertussis is available from the following sources:
 - [Dropbox – National Immunisation Programme – vaccine resources](#)
 - [HealthEd](#)
 - [Bluestar portal](#)