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**To: All General Practitioners,
Mid & West Wales**

Dear Colleagues

There has been an increase in number of confirmed cases of whooping cough in children and adults in Mid & West Wales Region in the past 2 months. The purpose of this letter is to remind you of the signs and symptoms of the disease and of the importance of notifying all clinically suspected cases to the Health Protection Team.

Whooping cough is a highly infectious disease with symptoms which include a catarrhal stage, followed by an irritating cough that gradually becomes paroxysmal, usually within one to two weeks. The paroxysms are often accompanied by a characteristic "whoop" and may sometimes be accompanied by vomiting. In young infants the "whoop" may be absent and coughing spasms may be followed by periods of apnoea. The illness often lasts for two to three months. In older children and adults, the diseases may be mild and not recognized as whooping cough. Complications include bronchopneumonia, repeated vomiting, subconjunctival haemorrhage and cerebral hypoxia. Severe complications and death occur most commonly in infants under six months of age.

Most cases are infectious during the early catarrhal stage and the incubation period is between six and twenty days with cases being infectious from six days after exposure to three weeks after the onset of typical paroxysms. Antibiotic treatment (erythromycin, clarithromycin or azithromycin) for suspected or confirmed cases should be given within three weeks of the onset of illness. Cases should be excluded from nursery, school or work for five days from the onset of antibiotic therapy.

Vaccination is the only way to prevent whooping cough and children should be vaccinated as part of the routine childhood immunization schedule. Erythromycin, azithromycin or clarithromycin prophylaxis may be of value for household contacts of suspected or confirmed cases where there are vulnerable contacts (*see below), if given within 21days of onset of the index case.

Suspected symptomatic cases may be tested by per nasal swab (please see attached instruction sheet) or serology.

I would ask you to remain vigilant for any signs and symptoms of whooping cough and to contact the Health Protection Team if you suspect any cases. Our contact number during office hours is 01792 607387 and out of hours via Ambulance Control on 01267 222555.

Thank you for your support in this matter

Dr Mac Walapu

Consultants in Communicable Disease Control, Health Protection Team, Mid & West Wales Region

Cc Communications
Directors of Public Health; ABMU, Hywel Dda, Powys
LMC
NHS Direct
OOHGP
A&E
Paediatricians

Dr Jorg Hoffmann



***Definition of vulnerable contacts**

These include individuals who are themselves at increased risk of complications from pertussis as well as those at risk of transmitting the infection to others at risk of severe disease

- Newborn infants born to symptomatic mothers
- Infants under one year who have received less than three doses of DTaP/Hib/IPV
- Unimmunised and partially immunized infants and children up to ten years
- Women in the last month of pregnancy
- Adults who work in healthcare, social care or childcare facility
- Immunocompromised individuals (as defined in The Green Book)
- Presence of other chronic illnesses e.g. asthma, congenital heart disease

Nasopharyngeal Swab Method - Respiratory viruses, B. Pertussis

1) Using pernasal swab with synthetic fibre tip:

a) Insert swab into one nostril.

b) Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate (see sketch), and rub the swab tip several times across the mucosal surface to collect cellular material.

c) Place swab into VIRUS TRANSPORT MEDIUM for viruses or place back in collection tube for Bordatella pertussis PCR.

d) Label with patient name, date of birth, and date of collection.



If per-nasal or floc swabs are not available for microbiological testing in primary care, serological testing can be used in older children and adults in the absence of recent vaccination