**Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case**

**PERTUSSIS**

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| **Why is surveillance necessary?** | **Who must notify and when?** | **Suspected case definition** | **Probable case definition** | **Confirmed case definition** |
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| Pertussis or ‘whooping cough’ is a highly contagious bacterial respiratory tract disease, caused by *Bordetella pertussis.* It occurs mainly in infants and young children and is transmitted through respiratory secretions.  Pertussis is notifiable because it is transmissible, and carries a high mortality in children under the age of 1 year, especially children too young to be vaccinated or who have not yet completed their primary vaccination series.  Pertussis may be prevented in contacts by giving chemoprophylaxis. | Clinicians should notify cases of pertussis on the basis of clinical suspicion.  Clinicans should not wait for laboratory confirmation before notifying. | Any person with an acute cough illness lasting ≥14 days (or cough illness of any duration for children <1 year), without a more likely diagnosis AND one or more of the following signs or symptoms:   * paroxysms of coughing, * or inspiratory "whoop”, * or post-tussive vomiting * or apnoea in children <1 year;   OR  Any person in whom a clinician suspects pertussis. | Any person meeting the clinical case definition  **AND**  An epidemiologic linkage to a laboratory-confirmed case of pertussis in the 21 days before symptom onset. | Any person meeting the clinical case definition  **AND**  Isolation *of B. pertussis* from a clinical respiratory specimen OR polymerase chain reaction positive for pertussis OR specific antibody response (anti-pertussis toxin IgG response in older children and adults, and ≥1 year after last vaccine dose. Interpret with caution in younger children). |
| **Additional notes**  Health authorities should identify contacts of pertussis cases and provide post exposure prophylaxis and if necessary, booster vaccination. Health care workers should receive booster vaccination to prevent transmission of cases in hospital settings. | | | | |
| **Additional resources**  Additional resources for pertussis including pertussis preparedness for clinicians (2018), FAQ, guidelines for post-exposure prophylaxis following a single case (2011) and specimen submission form to NICD Centre for Respiratory Disease and Meningitis (CRDM), may be found at <http://www.nicd.ac.za/diseases-a-z-index/pertussis/> | | | | |