



<b>TO:</b>	<b>Deputy Director General: Chief of Operations</b>
<b>Chief Directors:</b>	<b>Health Programmes Metro District Health Services (MDHS) Rural Districts General Specialist and Emergency Services Strategy and Health Support</b>
<b>District / Substructure Managers:</b>	<b>Metro District Health Services (MDHS) Rural Districts and Sub-districts</b>
<b>Directors:</b>	<b>Professional Support Services Pharmaceutical Services</b>
<b>Chief Executive Officers:</b>	<b>Central Hospitals Regional and Psychiatric Hospitals District Hospitals</b>
<b>Managers:</b>	<b>Private Hospitals and Private Clinics National Health Laboratory Services Private Laboratories</b>
<b>Heads of Health / Executive Directors:</b>	<b>Local Authorities / City of Cape Town South African Military Health Services</b>

## **CIRCULAR H111/2018**

### **PERTUSSIS ALERT: INCREASE IN CASES IN SOUTH AFRICA – PREPAREDNESS AND PUBLIC HEALTH RESPONSE**

Pertussis, also known as whooping cough is vaccine-preventable diseases caused by *Bordetella pertussis* and is notifiable. Immunity following vaccination lasts for 5 – 6 years. Episodic increases in pertussis occur in vaccinated populations every 3 – 5 years.

An increase in pertussis cases has been reported in South Africa among children aged >5 years of age, and particularly amongst infants aged <1 year. See attached alert for your information.

#### **The aim of the circular is to:**

- Alert all healthcare workers and public health officials of the increase of cases in South Africa, and
- Highlight the importance of early diagnosis, antimicrobial treatment of cases and appropriate management of contacts of confirmed/probable pertussis cases with post-exposure prophylaxis.

**The following annexures are attached for more detailed information:**

1. NICD Alert: Pertussis (Whooping Cough), August 2018
2. NICD Pertussis Preparedness: An Update for physicians, Accident & Emergency Practitioners and Laboratorians
3. NICD Pertussis Frequently Asked Questions, January 2017
4. Pertussis: NICD recommendations for diagnosis, management and public health response

**PERTUSSIS PREPAREDNESS, DIAGNOSIS, MANAGEMENT AND PUBLIC HEALTH RESPONSE**

Kindly consult the attached NICD guideline for management of cases and outbreaks.

**1. Pertussis Case definitions**

**A suspected case of pertussis**

Any person with a cough lasting  $\geq 14$  days (cough illness of any duration for children aged  $<1$  year), without an apparent cause, plus one or more of the following: paroxysms of coughing, inspiratory whoop, post-tussive vomiting, apnoea (with or without cyanosis; for infants aged  $<1$  year only **OR** any person in whom a clinician suspects pertussis infection).

**A probable case of pertussis**

A suspected case with signs and symptoms consistent with pertussis **AND** an epidemiological link by contact with a laboratory-confirmed case of pertussis in the 21 days before symptom onset.

**A confirmed case of pertussis:**

A suspected case with signs and symptoms consistent with pertussis **AND** laboratory confirmation (isolation of *B. pertussis* from a respiratory specimen **OR** PCR-positive respiratory specimen **OR** *B. pertussis*-specific antibody response).

**2. Laboratory identification of *B. pertussis* (See Pertussis Preparedness Page Summary and guidelines)**

- 3.1 Sputum samples and/or nasopharyngeal swab/aspirate
- 3.2 Real-time PCR detection of *B. pertussis* may be conducted on clinical specimens
- 3.3 Paired serum samples for specific anti-PT antibodies collected during the early catarrhal stage (acute serum) and 1 month later (convalescent serum).
- 3.4 **Laboratory support:** the NICD Centre for Respiratory Diseases and Meningitis (011-555-0327/0352/0387 or after house (NICD doctor on call 082-883-9920)

**3. Management of a confirmed or probable case of pertussis:**

- 2.1 **Isolate:** Prevent transmission of *B. pertussis* by practising contact and droplet precautions
- 2.2 **Provide supportive care:** Supportive care aims to monitor the severity of the patient's condition, limit the number of paroxysms and maximised nutrition, rest and recovery.
- 2.3 **Treat with antibiotics:** Macrolide or suitable alternative to prevent transmission.

**4. Management of contact of persons with pertussis**

- 4.1 Identify close and vulnerable (at risk of severe disease) contacts including health care workers.
- 4.2 Collect nasopharyngeal swabs from symptomatic contacts.
- 4.3 Administer targeted chemoprophylaxis to close and vulnerable contacts.
- 4.4 Vaccinate close and vulnerable contacts appropriately (depending on vaccination status).
- 4.5 Monitor contacts for at least 21 days for typical signs and symptoms.

5. **Notification of pertussis cases**

5.1 Notify the **Provincial and District Communicable Disease Control official** and the NICD as per the routine notifiable medical conditions notification process.

- **Contact Persons:** Ms Charlene A. Jacobs, Mr. Hlengani Mathema
- **Tel. / cell number:** 021-483-9964/3156/6878/3737 or 072-356-5146 or 082-327-0394
- **Fax:** 021-483-2682 / 086-6111-092
- **Email:** [charlenea.jacobs@westerncape.gov.za](mailto:charlenea.jacobs@westerncape.gov.za), [hlengani.mathema@westerncape.gov.za](mailto:hlengani.mathema@westerncape.gov.za), [felencia.daniels@westerncape.gov.za](mailto:felencia.daniels@westerncape.gov.za)

5.2 If the patient is in a healthcare setting, the infection prevention and control practitioner for the facility should be informed.

Please bring the content of this circular to the attention of all relevant staff at your facilities, institutions, district/sub-districts and relevant stakeholders. We trust in your continued support in the control of communicable diseases in our province.



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HEAD OF HEALTH  
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