



Facsimile Cover Sheet
Wharangī Nama Waea

Date/Te Ra: **14 April 2015**

To/Kia: Lead Maternity Carers, Obstetricians, General Practitioners, Practice Nurses, Pharmacists, After-hours Centres and Emergency Departments in the greater Wellington and Wairarapa region	From/Na: Annette Nesdale
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Reminder:

Protect pregnant women and babies from influenza and whooping cough

I would be grateful if you could distribute the following information to relevant staff in your organisation.

If you would also like to receive this by email for ease of distribution, storage and retrieval please advise RPH of your email on rph@huttvalleydhb.org.nz.

Kind regards,

A handwritten signature in black ink that reads "Annette Nesdale".

Dr Annette Nesdale

Medical Officer of Health

Regional Public Health

Public Health Alert

Regional Public Health
Better Health For The Greater Wellington Region



Date: 14 April 2015

To: Lead Maternity Carers (LMCs), Obstetricians, General Practitioners, Practice Nurses, Pharmacists, After-hours Centres, Emergency Departments in the greater Wellington and Wairarapa region

From: Dr Annette Nesdale

Important reminder - Immunisation to protect pregnant women and babies from influenza and whooping cough

Why this reminder:

Two babies aged less than 8 weeks of age have been hospitalised with confirmed whooping cough (pertussis) this year and one baby aged 8 weeks was hospitalised in October last year. All three mothers reported that they had **not** been offered the **Boostrix**[®] (whooping cough) vaccine or advised this vaccine is recommended and free for pregnant women during weeks 28-38 of gestation. **Boostrix**[®] (whooping cough) vaccination has been shown to protect babies in the first weeks of life. This is the most vulnerable time for infection, before they can be protected through the immunization schedule.

Pregnant women and their babies are also at high risk of severe influenza and secondary complications. Influenza vaccination is now available, recommended and free for pregnant women in all trimesters.

What you need to do

To increase protection for pregnant women and their babies we recommend the following:

- **Health care worker immunisation** - LMCs, Obstetricians, GPs, Wellchild, Plunket, hospital and community outreach staff are all strongly recommended to be immunised against influenza and whooping cough to ensure you don't pass illness to your patients/clients.
- **LMC's and obstetricians**
 - Advise all pregnant women that influenza and whooping cough vaccines are provided free to protect their baby, as well as their health.
 - Refer pregnant women to their GP and follow up to ensure that they did get the vaccines at the recommended time

Medical centres

- Include a discussion on immunization in any pre-pregnancy discussion; and the availability of free vaccines for them and their baby
- Include a recall, as soon as you become aware of a pregnancy
- Talk with your local LMC's about ways you can work together to support women having influenza and whooping cough vaccinations
- Ensure babies receive their 6w, 3m and 5m immunisations that protect against whooping cough (pertussis) on time
- Offer **Boostrix**[®] vaccine at all ADT opportunities such as tetanus booster after injury, and age 45 and 65 yr boosters (usual patient charges apply). This is important for grandparents and others who regularly have contact with young babies and children.
- Have a high index of suspicion for whooping cough in pregnant women and their household contacts and treat early to reduce disease transmission. Information on diagnosis and treatment is included in Appendix 1.
- Offer influenza vaccination to all people at high risk of severe disease and or complications. Children aged 4 years and under who have been hospitalised for respiratory illness or have a significant history of respiratory illness are eligible for free immunisation.
- Notify suspected cases of whooping cough or influenza outbreaks in institutions to the RPH notifications line on 04 570 9267.

Appendix 1. Whooping cough

Consider Pertussis when:

- Mild, upper respiratory tract symptoms – catarhal stage followed by:
- Cough, usually paroxysms of cough:
 - commonly followed by vomiting / apnoea in young babies
 - characteristic whoop in 50% of paediatric cases
 - whoop less common in adults
 - no other explanation for cough apparent
 - cough lasting more than 2 weeks.
- Well between episodes of coughing
- Fever is absent or minimal.

Other factors which should increase index of concern and lower treatment threshold:

- **Contact history** e.g. school, pre-school, playmates, friends, relatives with above symptoms.
- **Unimmunised or not fully immunised.**
- **Increased community risk** if individual is midwife, early childhood worker, teacher or parent who comes into contact with children under the age of 1 year.
- **Medically compromised** e.g. all less than 1 year old, ex-premature baby, congenital disease, immunosuppressed,

If Pertussis is suspected:

- **Investigations:**
 - Nasopharyngeal swab for PCR.
 - Serology may be considered if symptoms more than 3 or 4 weeks. Discuss with either the Medical Officer of Health or Clinical Microbiologist/ ID Physician
- **Commence treatment** within 3 weeks of onset of cough.
- Azithromycin is the preferred macrolide during pregnancy, lactation, and in infants <1 year due to the risk of hypertrophic pyloric stenosis associated with erythromycin.
 - **5 days of Azithromycin for treatment or prophylaxis of pertussis**
 - Infants and children: Day one: 10mg/kg/day in a single daily dose (maximum 500mg day 1): Days 2 to five: 5mg/kg/day in a single daily dose (max 250mg/day).
 - Adults: Day one: 500mg as a single dose: Days 2 to five: 250mg once per day
 - **Or** 14 days Erythromycin –see page 368 of the Immunisation Hand book 2014 for dosage regime.
- **Exclude case** from work, school, or pre-school (for 5 days after treatment started, or for 3 weeks from onset of cough if not treated).
- **Offer Vaccination** to household and family contacts if unvaccinated or incomplete.
- **Offer Prophylactic Treatment** (Azithromycin for 5 days or Erythromycin for 14 days) for
 - Everyone in the house if there is a child under 1 year, who is NOT the index case
 - Any pregnant women in the last weeks of her pregnancy, if there is a case in the household
 - Contacts at risk of severe disease e.g. immunocompromised, severe asthma, person awaiting organ transplant, congenital heart disease – especially if partial or no immunisation