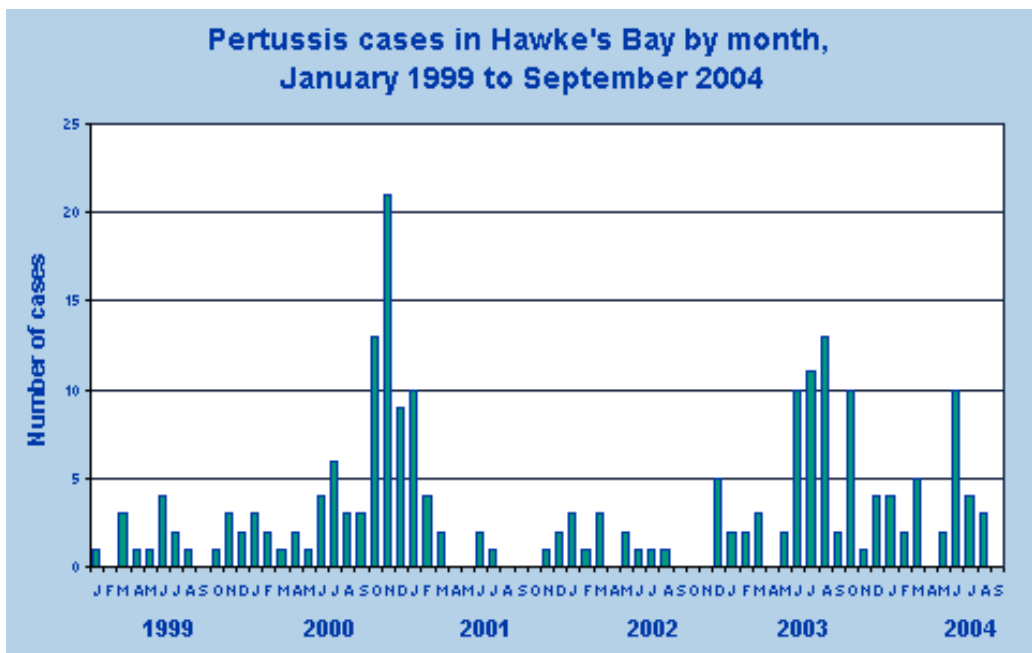


**A new epidemic of pertussis (whooping cough)**  
*Epidemiology*

Whooping cough epidemics occur in NZ every 4-5 years and last around 20 months. In the last epidemic (1999-2001) there were nearly 7,000 cases notified. Since 2001, four children have died aged 3,4, 5 and under 12 weeks. By the end of September over 1500 people had been reported with pertussis in New Zealand in 2004 and by July nearly 100 had been hospitalised. One infant has died from whooping cough so far this year.

Recent pertussis numbers are higher in Hawke's Bay than the average for the preceding five years (see Disease surveillance summaries) but lower than at this time last year. However NZ rates are on the increase and Hawke's Bay is likely to experience this new epidemic too.

There is an opportunity to blunt the epidemic here by increasing on-time vaccination coverage. Delay in receiving routine childhood immunisations increases children's chances of being hospitalised with whooping cough.



Hawke's Bay notification rates are highest among Europeans. This is likely to be an artefact of help-seeking behaviour. National research shows that Maori and Pacific Island children have the highest rates of hospitalisation and in Hawke's Bay Maori are

three times more likely to be hospitalised (39% of notified cases) than European (13%) ( $p=0.01$ ). Another reason for this discrepancy may be that milder cases among Maori are less likely to visit a doctor or that higher immunisation rates among Europeans are mitigating the clinical course. Notification rates are highest in infants, who are also more likely to be hospitalised (61% of notified cases are hospitalised).

### *Clinical*

The case definition for suspected pertussis is an illness characterised by a cough lasting longer than 2 weeks, and one or more of the following:

- Paroxysms of cough
- Cough ending in vomiting or apnoea
- Inspiratory whoop

It can be a serious disease in children especially those unimmunised and less than one year old. Adult whooping cough occurs commonly, but is generally a much milder disease and often goes unrecognised, therefore untreated. It is estimated that around 20% of adults who have a chronic cough of 2 weeks or more may have whooping cough. Maternal antibodies passed through the placenta or breast milk are not effective against whooping cough. To hear someone with whooping cough) visit: <http://www.whoopingcough.net>.

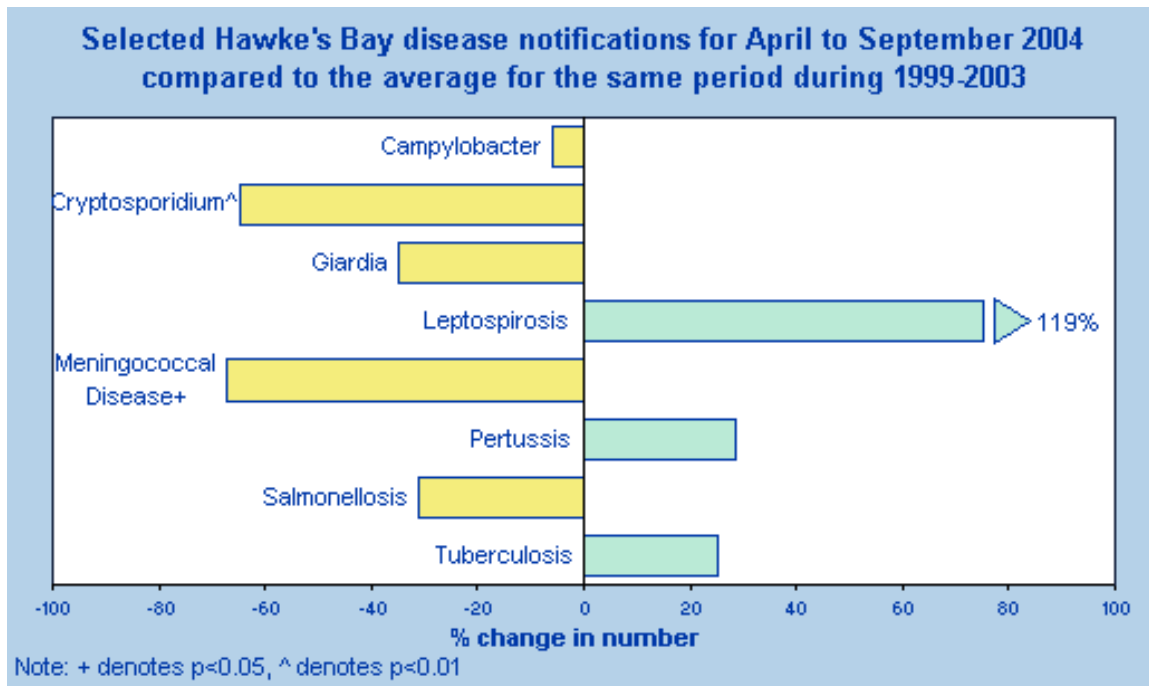
### *How doctors and practice nurses can help*

- Ensure all children are immunised on time.
- Clinical awareness of the possibility of pertussis (even in older children and adults with cough).
- Take a pernasal swab on all suspected cases. It is likely to be negative if cough has been present for 3 weeks or longer.
- Isolate cases until they are no longer infectious (usually day 5 of a 14-day antibiotic course, or until 3 weeks after coughing starts). Isolation means:
  - Avoid contact with children - especially infants, and pregnant women.
  - No avoidable visits to hospital.
  - Minimise coughing patients' time in waiting rooms.
  - No attendance at early childhood centre, school or work.
- Be familiar with the chapter on pertussis in the Immunisation Handbook.
- Check on the immunisation status of contacts.
- Prescribe erythromycin to all household contacts if there is someone aged under one in the household (who is not the index case).
- Notify all cases on suspicion to Public Health.

### *Dosage of erythromycin for cases and contacts*

Adults 500mg 6 hourly; children 40-50mg/kg/day for 14 days.

## Disease surveillance summaries



**Selected notifications October 2003 to September 2004**

Disease	Hawke's Bay		New Zealand	
	Cases	rate <sup>^</sup>	Cases	rate <sup>^</sup>
Campylobacter	524	366.4	13088	350.2
Cryptosporidium	39	27.3	638	17.1
Giardia	75	52.4	1546	41.4
Hepatitis A	1	0.7	57	1.5
Hepatitis B	2	1.4	44	1.2
Hepatitis C	2	1.4	31	0.8
Lead Absorption	4	2.8	94	2.5
Leptospirosis	22	15.4	115	3.1
Meningococcal Disease	13	9.1	378	10.1
Paratyphoid	1	0.7	22	0.6
Pertussis	45	31.5	1961	52.5
Rheumatic Fever	3	2.1	72	1.9
Salmonellosis	70	49.0	1151	30.8
Shigella	0	0.0	125	3.3
Tuberculosis	27	18.9	394	10.5
Typhoid	1	0.7	31	0.8
Yersinia	22	15.4	468	12.5

<sup>^</sup> Annualised crude rate per 100,000 population calculated from 2001 census usually resident population.

## Commentary on disease surveillance summaries

**Tuberculosis** numbers have increased in the past six months due to ongoing investigations into an outbreak among young Maori households – see Vol 1 Issue 2 for advice on tuberculosis. The **leptospirosis** numbers are largely due to continual new infections among freezing workers.

## Immunisation issues

### *Coming events*

To register, contact Marg Dalton, Immunisation Coordinator, Phone 8341815 ext. 4228

### *GP update - meningococcal disease & the MeNZB vaccine implementation*

Thursday 18th November 2004. Refreshments 5.30pm, training 6pm to 8pm

Venue: Havelock North Community Centre

### *Vaccinators training course 2 / 3 Dec 2004*

Venue: Napier Sailing Club. Registration form available on request. Cost \$50

The immunisation team has grown at the Napier Health Centre with some new staff joining us recently, here is a list of the immunisation team.

#### *Dr Caroline McElnay*

Medical Officer of Health, immunisation issues

#### *Chris Styles*

Project Manager, meningococcal vaccine strategy

#### *Alan Mackintosh*

Project Manager, National Immunisation Register (NIR)

#### *Joan Plowman*

Project Leader, school-based meningococcal B vaccination programme

#### *Marg Dalton*

Immunisation Coordinator/Project Leader, cold chain accreditation

#### *Anne Martin*

NIR Data Administrator, Napier Health Centre Ph 834-1815

## Indoor workplaces, bars & clubs become smokefree - 10 December

From Friday 10 December, smokers will be asked to 'take the smoke outside' when they are at any indoor workplaces or licensed premises – that includes bars, restaurants, clubs and casinos.

The DHB is providing support to the hospitality industry and other workplaces as they work towards introducing the new measures when the amendments to the Smokefree Environments Act come in to force.

For more information on the new legislation see the following website [www.smokefreelaw.co.nz](http://www.smokefreelaw.co.nz), or contact Lee Wright at Hawke's Bay District Health Board's Public Health Unit, by email [lee.wright@hawkesbaydhb.govt.nz](mailto:lee.wright@hawkesbaydhb.govt.nz) or phone (06) 834 1815