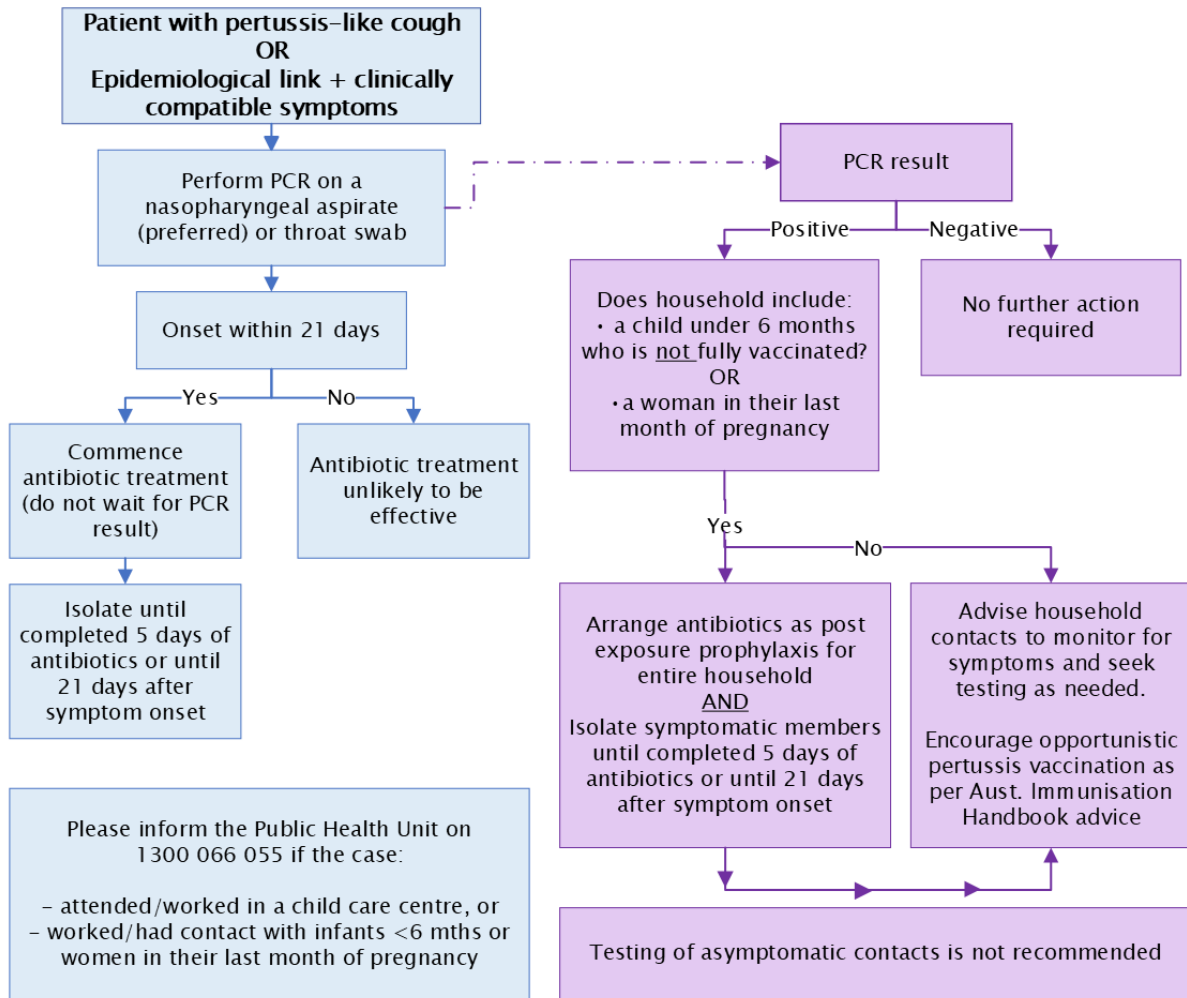


Suspect pertussis when a patient of any age presents with a coughing illness with the following characteristics **regardless of age or immunisation status**, especially when there is an increase in local pertussis activity.

**Characteristics of a pertussis-like cough:**

- Dry irritable cough, which may be worse at night
- May or may not be associated with an inspiratory “whoop” sound
- Paroxysmal cough, which may end in vomiting, gagging or dry retching
- Newborns may present with non-specific signs such as gagging, gasping, cyanosis, apnoea or poor feeding.



Please inform the Public Health Unit on 1300 066 055 if the case:

- attended/worked in a child care centre, or
- worked/had contact with infants <6 mths or women in their last month of pregnancy

ANTIBIOTIC	Macrolide: Azithromycin (Oral)	Macrolide: Clarithromycin (Oral)	Non-Macrolide Alternative: Trimethoprim + Sulfamethoxazole (Oral)
AGE GROUP			
<1 month	10mg/kg daily for 5 days	7.5mg/kg twice a day for 7 days (up to 500mg)	Not recommended
1-5 months	10mg/kg daily for 5 days	7.5mg/kg twice a day for 7 days (up to 500mg)	Child ≥2 months 4+20mg/kg (up to 160+800mg) twice a day for 7 days.
Infants ≥6 months & children	10mg/kg (up to 500mg) on day 1, followed by 5mg/kg (up to 250mg) on days 2-5.	7.5mg/kg twice a day for 7 days (up to 500mg)	4+20mg/kg (up to 160+800mg) twice a day for 7 days.
Adults	500mg on day 1 followed by 250mg on days 2-5	500mg twice a day for 7 days.	160+800mg twice a day for 7 days.
Pregnancy	Pregnant women with onset of pertussis or exposure with a month of expected delivery should receive antibiotic therapy. It is the responsibility of the treating doctor to select the most appropriate antibiotic. Azithromycin is Cat B1 and clarithromycin is a Cat B3 antibiotic.		

*Antibiotic Therapeutic Guidelines note that there is currently no clinical evidence to recommend the use of roxithromycin for the management of pertussis. In vitro evidence indicates it is relatively ineffective.*