Health New Zealand
Te Whatu Ora

Pertussis

Guidance for prioritisation of testing in periods of high pertussis activity

December 2024

This guidance confirms the groups that should be prioritised for testing in community and hospital settings in times of high pertussis activity where testing capacity is constrained.

Although these groups should always be prioritised as a minimum, regions can choose to test more broadly if they have capacity.

High pertussis activity definition

As defined by the Health New Zealand National Public Health Service (NPHS), high pertussis activity is considered to be "times when there are high levels of community transmission, irrespective of whether an outbreak or epidemic has been declared."

Purposes of testing

- Identify pertussis in those who are at risk of severe outcomes.

- Identify those who may spread pertussis to those who are at risk of severe outcomes.

- Provide Health NZ and ESR with insight into the dynamics of the disease and impact of interventions (to be supported by other systematic surveillance methods).

- Support local public health responses to pertussis cases and outbreaks.

Principles of testing

In times of high pertussis activity, the NPHS' agreed approach to testing is governed by the following principles.

- In general, testing should be prioritised for high priority groups (as outlined in the **Health NZ Communicable Disease Control Manual Pertussis Chapter)**, and where the test result would affect the individual or public health management for people and whānau.

- Where testing capacity is constrained, testing decisions should be made **locally** between public health services, laboratory services, and primary health organisations.

- Any local changes to testing advice will be communicated by local public health services to key health sector providers, including primary care, Māori and Pacific healthcare providers, laboratories, and Health NZ hospital and specialist services.

The criteria on the following page aligns with this agreed approach.

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Community setting

People are considered to be higher priority for pertussis testing if:

1. they have an illness that is clinically compatible with pertussis

AND

2. it is within 3 weeks of cough onset

AND

3. **any** one of the following applies to the person:

   - they are aged under 5 years

   - they are pregnant and in the third trimester

   - they have a chronic respiratory condition and/or are immunocompromised

   - they live, work, or routinely spend time with a child/children aged under 12 months, those who are pregnant, or other people at risk of severe outcomes

   - there has been a specific request from the Medical Officer of Health to test.

Hospital setting

People are considered to be a priority for pertussis testing if:

1. they have an illness that is clinically compatible with pertussis

AND

2. it is within 3 weeks of cough onset

AND

3. they have been admitted or are about to be admitted

OR

4. they meet the criteria for community testing.

Please also note / undertake the following:

- Suspected pertussis cases should still be notified to public health, even if they do not meet the above laboratory acceptance criteria for testing.

- Patients who fall outside of these criteria, but for whom laboratory confirmation is still thought to be clinically justified, should be discussed with the on-call clinical microbiologist in the first instance.

- Symptomatic contacts of laboratory confirmed cases fulfil the case definition of pertussis (via an epidemiological link) and should NOT have a test done unless requested by public health.

- Where there are local supply issues with pertussis testing due to increased demand, acceptance criteria for community patients may apply in the hospital setting also. This is at the discretion of the diagnostic laboratory concerned and should be communicated clearly to requestors.

- Appropriate clinical details relating to the above must be written on the request form so that the request is accepted by the laboratory.