



**Briefing Note**

Serial number: 2024/032

Date: 15/08/2024

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**Event** Pertussis standard incident response – updates to national guidance

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**Notified by** Sharif Ismail

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**IRP Level** Standard Incident (NRC025)

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**Instructions for Cascade**

This briefing note should be cascaded as follows:

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- **UKHSA Private Office Groups** to cascade within Groups
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to NHS Trust infection leads and non-UKHSA labs (NHS labs and private)
- **NHS Primary Care leads** to cascade to GP surgeries and other primary care providers nationally
- **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists** to cascade to clinicians within Emergency Departments; Paediatrics; Infectious Diseases; Infection Prevention and Control; Occupational Health; Obstetrics.

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**Summary:**

Following the declaration of a national (standard) incident for pertussis on May 13th in England, this briefing note updates Briefing Note 2024/017 (June 2024). The note briefly updates on current epidemiology but focuses on (i) revised advice on the eligibility for occupational vaccination for healthcare workers, and (ii) additions to the guidance on public health management of pertussis during heightened periods of activity, covering public health surveillance activities.

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**Background and Interpretation:**

**Update to national pertussis epidemiology**

Pertussis case numbers in England remain high across all regions in 2024. In England, provisionally there were 10,493 laboratory confirmed cases of pertussis reported to UKHSA between January and June 2024 with 555 cases in January 2024 and 2,427 in June. This compares with 858 (provisional) laboratory confirmed cases of pertussis reported throughout 2023. There have been 9 reported deaths in infants who developed pertussis between January and June 2024. The next monthly update to [data](#) on confirmed pertussis cases is scheduled for publication on 12 September 2024.



### Key Updates:

#### **Amendments to national guidance on pertussis**

Further updates have been made to UKHSA national guidance as follows:

- A [surveillance form](#) for severe cases and deaths from pertussis to be completed by local health protection team (HPT) staff in collaboration with clinical and Screening and Immunisation Team (SIT) colleagues;
- A [surveillance form](#) for cases and incidents in healthcare settings, to be completed by local HPT staff;
- An [updated version](#) of the guidance on testing for pertussis in primary care.

Changes to the [NICE Clinical Knowledge Summary \(CKS\)](#) on whooping cough to align with new advice in the UKHSA national guidance are also now live. Key changes are as follows:

- Antibiotic therapy can be considered for clinical indications **within 14 days of onset of cough** in a case (from the previously recommended 21 days). However, where the case has a household or other close contact who falls into priority group 1 (see section 2.2.3 of the [national guidance](#) for definitions) for public health action, antibiotic therapy is recommended for all cases within 21 days of onset of cough.
- Close contacts of confirmed, suspected or epidemiologically-linked pertussis cases who are in priority groups are eligible for chemoprophylaxis **for a maximum of 14 days after onset of cough in the case**, rather than 21 days as before.
- Amendments have been to recommendations regarding **antibiotic prescribing in pregnancy**. For both treatment and chemoprophylaxis, clinicians are advised that they may consider prescribing products within the macrolide class – erythromycin, azithromycin and clarithromycin, in that order (where ordering is based on experience of use in pregnancy rather than on evidence of increased risk of adverse effects).

#### **Amendments to guidance on occupational vaccination for healthcare workers**

Guidance on occupational vaccination for healthcare workers has been updated in line with recent JCVI advice. Eligibility for occupational vaccination now includes healthcare workers in both Groups 1 and 2 who have not received a pertussis-containing vaccine in the last 5 years. Prioritisation of the occupational pertussis vaccination offer is as follows:

- all HCWs in priority group 1 to receive a first dose if not vaccinated in the last 5 years;
- all HCWs in priority group 2 to receive a single vaccination dose, provided they have not received a pertussis-containing vaccination in the preceding 5 years;
- HCWs in priority group 1 to receive a further booster if more than 5 years since their first occupational dose.

Of note, group 2 HCWs should be given a single booster dose. There are currently no recommendations for additional booster doses for healthcare workers in priority group 2.

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### **Implications & Recommendations for UKHSA Regions**

**Health Protection Teams** are directed to the updated national [guidance](#), and to the surveillance form for severe cases and deaths from pertussis, noted above.

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### **Implications & Recommendations for UKHSA sites and services**

Colleagues are asked to note the updated version of the guidance on testing for pertussis in primary care, which clarifies advice regarding types of testing to perform and when.

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### **Implications & Recommendations for NHS**



UK Health  
Security  
Agency

**Front-line clinicians** are directed to revisions to the [NICE CKS on pertussis](#), now aligned with current UKHSA national guidance.

**NHS Occupational Health Departments** are asked to note [updated advice](#) as above.

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### **Implications and recommendations for Local Authorities**

Directors of Public Health and LA colleagues are directed to guidance updates as above.

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### **Sources of information and further reading**

Colleagues are directed to the UKHSA collection on pertussis [here](#), and particularly to:

1. Latest [pertussis epidemiology](#) from UKHSA
2. Pertussis: [guidance on management of cases during periods of high activity](#)
3. Pertussis: [occupational vaccination of healthcare workers](#)