



GUIDELINE

Provision of chemoprophylaxis or topical therapy to household contacts of communicable diseases

| | |
|-----------------------|---|
| Scope (Staff): | Clinical Staff – Medical, Nursing, Pharmacy |
| Scope (Area): | Perth Children's Hospital (PCH) |

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

This guideline aims to outline the processes to follow to ensure the timely and appropriate supply of systemic chemoprophylaxis and topical treatment and/or decolonisation to household contacts of patients diagnosed with a communicable disease at PCH.

Risk

If appropriate and timely chemoprophylaxis is not provided to household contacts of specific communicable diseases, their safety and well-being may be affected. Further transmission of the communicable disease may also occur presenting a public health risk.

Background

Household contacts of patients with certain confirmed communicable diseases may require systemic chemoprophylaxis to be supplied (see [Systemic chemoprophylaxis below](#)). The efficient and timely supply of systemic chemoprophylaxis reduces the risk of transmission of infection and should be provided free of charge to exposed individuals to ensure compliance and to reduce the risk of further transmission.

Household contacts of patients with less severe communicable diseases (including scabies, headlice or *Staphylococcus aureus* infection) require topical treatment and/or decolonisation as determined and managed by the primary treating team administering care for the patient. (see [Topical treatment below](#))

Definitions

Communicable disease: A disease that may spread from person to person.

Household Contact: A person who has had close contact with an infected person. The contact needs to be of enough duration to acquire the infection and is defined differently for each communicable disease (see [CDNA Series of National Guidelines \(SoNGs\) | Australian Government Department of Health and Aged Care](#)). **This guideline relates specifically to those who are household contacts.**

Exposure: Contact or close proximity to a person with a confirmed communicable disease which may have a harmful effect.

Principles

- The primary treating team will determine if any household contacts fulfill the criteria of personal close contacts of the index patient attending CAHS facilities and will therefore require systemic chemoprophylaxis. Further advice can be sought from the Infectious Diseases team.
- For household contacts of the index patient, CAHS staff will provide prophylaxis, coordinated by the primary patients treating team. If there are close contacts in the community that are not household contacts of the patient attending CAHS facilities, prophylaxis will be determined and prescribed by the relevant Public Health Unit.
- The primary treating team will be responsible for writing the prescriptions for household contacts. The Infectious Diseases team is available to provide advice on which agents are required for different patient groups.
- Systemic chemoprophylaxis will be dispensed by the PCH Pharmacy Department as soon as possible after appropriate prescriptions have been received. As per the WA Health Patient Fees and Charges Manual 2022/23, contacts will not be charged for the medication provided as it is for the prevention of transmission of a notifiable communicable disease.

Systemic chemoprophylaxis

- Systemic chemoprophylaxis may be provided to household contacts of patients with:
 - *Neisseria meningitidis* (Meningococcus infections)
 - *Haemophilus influenzae* type B (Hib)
 - Invasive Group A Streptococcal infections (iGAS) (*Streptococcus pyogenes*)
 - Pertussis
 - Varicella zoster (Chicken pox) - generally only immunosuppressed, pregnant or neonatal contacts
 - Tuberculosis (note: household contacts of tuberculosis will be referred to the Anita Clayton Centre for determination of testing and chemoprophylaxis requirements.)
- An exposure to a patient with measles, hepatitis A, other viral infections and other communicable diseases not listed above is not covered in this guideline.

Post exposure vaccination or immunoglobulin therapy may be recommended in specific situations. Refer to the individual [CDNA Series of National Guidelines \(SoNGs\) | Australian Government Department of Health and Aged Care](#) or [discuss with the Infectious Diseases team](#).

Topical treatment

- Household contacts of patients with scabies or head lice may also require a topical treatment course as an aspect of the treatment for the primary patient due to the presumption that all family members are infected.
- Topical treatment may be provided to household contacts of patients with:
 - Head lice
 - Scabies

Topical decolonisation

- Household contacts of patients with Methicillin Resistant *Staphylococcus aureus* (MRSA) or Methicillin Susceptible *Staphylococcus aureus* (MSSA) may also require topical decolonisation as an aspect of the treatment for the primary patient due to the presumption that all family members are infected. Refer to [Staphylococcus aureus Decolonisation – Paediatric](#).

Procedure

| Steps | Additional Information |
|--|---|
| <p>1. The primary treating team are responsible for determining which household contacts will require chemoprophylaxis, topical treatment or decolonisation.</p> | <p>Chemoprophylaxis may be required for household contacts of an inpatient with:</p> <ul style="list-style-type: none"> - <i>Neisseria meningitidis</i> - <i>Haemophilus influenzae</i> type B (Hib) – if vulnerable contacts - Invasive Group A Streptococcal infection (iGAS) - Pertussis (for high risk contacts) - Varicella (generally only immunosuppressed, pregnant or neonatal contacts) <p>Further detail regarding household/ close contacts is listed in Appendix A</p> <p>Topical treatment or decolonisation may be required for household contacts of an inpatient with:</p> <ul style="list-style-type: none"> - Head lice - Scabies |

| Steps | Additional Information |
|--|---|
| | <ul style="list-style-type: none"> - MRSA or MSSA infection |
| <p>2. Each household contact will be contacted individually, their exposure discussed and the need for chemoprophylaxis, topical treatment or decolonisation determined. The prescriber should be mindful of potential drug allergies and medication interactions. An information sheet should also be provided to all contacts. Refer to the individual condition in the National guidelines.</p> | <p>Current recommendations for chemoprophylaxis for communicable diseases are contained in the ChAMP Medical Prophylaxis guideline, The Australian Department of Health – Series of National Guidelines (SoNG) or Therapeutic Guidelines - Antibiotic</p> <p>Current recommendations MRSA or MSSA is contained in Staphylococcus aureus decolonisation.</p> <p>Current recommendations for scabies and head lice are contained in Therapeutic Guidelines - Dermatology</p> <p>Consideration must be given to the possibility of pregnancy and/or breastfeeding in household contacts.</p> |
| <p>3. Household contacts will be prescribed the appropriate product by an authorised prescriber (usually a member of the primary treating team)</p> | <p>A separate PCH prescription will be written for each individual household contact with a unit medical record number (UMRN), patient name, date of birth and address. The Pharmacy Department is unable to create a UMRN.</p> <p>If a contact does not have a UMRN, one can be generated by Patient Master Index (PMI) officers during normal business hours, contact 6456 5670 or pch.pmiofficer@health.wa.gov.au. Refer to the UMRN Request Form to ensure all the relevant details are provided.</p> |

Process for collection

- A separate PCH outpatient prescription is required and will be written for each contact (as stated above).
- Medications may be supplied as follows:
 - 1) Within standard working hours, the prescription may be presented to the PCH Outpatient Pharmacy.
 - a. Outpatient Pharmacy hours are Monday to Friday 08:45 to 17:00. Closed on Saturday, Sunday and Public Holidays.

- 2) Outside of standard outpatient working hours, in cases where a household contact requires chemoprophylaxis, topical treatment or decolonisation send prescriptions to the inpatient pharmacy for dispensing. (08:00 to 16:00 Saturday, Sunday and Public Holidays). Outside these hours the policy: [Supply of Medications by Approved Prescribers](#) must be followed.
- In cases where a household contact is pregnant and/or breast feeding, alternative intravenous or intramuscular agents may be required. Administration of these medications will be discussed on an individual case basis with the preferred process for administration to adults being presentation to Sir Charles Gairdner Hospital.
 - Household contacts requiring immunisation due to their exposure (such as Meningococcal ACWY) can attend the PCH Stan Perron Immunisation Centre (Level 1, Clinic D Monday to Friday 08:30 to 16:00), provided the immunisation is written on a medication chart by the treating team of the index case.

Costs – Systemic chemoprophylaxis

- All household contacts exposed to a notifiable communicable disease requiring systemic chemoprophylaxis will receive their chemoprophylaxis medication free of charge. A list of notifiable diseases requiring treatment to prevent transmission is included in Appendix K of the [WA Health Fees and Charges Manual](#).
- The cost of household contacts will be allocated to the admitting ward or treating team as per standard practice for dispensing.

Costs - Topical therapy or topical decolonisation


- Charges will be determined based on the primary patient's admission status. A single patient charge will be charged for each medication regardless of the number of household contacts.
- The charge for items dispensed by PCH pharmacy will be as per the current gazetted amount for concession or non-concession prices.
- Aboriginal or Torres Strait Islander families may meet the criteria to be exempt from payment under the [Closing the Gap](#) scheme
- Families/Teams may also contact the Social Work Department to discuss any possible exemptions or financial assistance for required payments.

| Related CAHS internal policies, procedures and guidelines |
|---|
| Medication Supply to Parents and Carers |
| Medication Supply for Staff |
| CAHS Medication Safety Policy |

| |
|--|
| MRSA and MSSA guideline for Staphylococcal Decolonisation (Paediatric) |
| Medical Prophylaxis |

| |
|---|
| Useful resources (including related forms) |
| <p>Communicable Diseases Network Australia – Series of National Guidelines</p> <ul style="list-style-type: none"> - Haemophilus influenzae type b invasive infection (Appendix 2 – Factsheet) - Invasive meningococcal disease (Appendix 2 – Factsheet) - Pertussis (whooping cough) (Appendix 1 – Factsheet) - Tuberculosis Fact Sheet |
| UMRN Request Form - PCH |

This document can be made available in alternative formats on request.

| | | | |
|-----------------------|---|-------------------|---------------|
| File Path: | W:\Safety & Quality\CAHS\CLOVERS MEDICAL Pharmacy\Procedures Protocols and Guidelines\ChAMP\Word\Empiric Guidelines | | |
| Document Owner: | Head of Department – Infectious Diseases | | |
| Reviewer / Team: | Children’s Antimicrobial Management Program Pharmacist | | |
| Date First Issued: | June 2022 | Last Reviewed: | December 2022 |
| Amendment Dates: | December 2022 | Next Review Date: | January 2026 |
| Approved by: | Medication Safety Committee | Date: | January 2023 |
| Endorsed by: | Chair, Drug and Therapeutics Committee | Date: | January 2023 |
| Standards Applicable: | NSQHS Standards:  NSMHS: N/A Child Safe Standards: N/A | | |

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital

Appendix A: Definitions of close contact

Haemophilus influenzae type b (Hib) invasive infection:

- Household contacts:
 - Prolonged close contact with the index case (e.g. living / sleeping in the same house, boyfriends/girlfriends, share accommodation such as dormitory or flat)
- Time period of concern – in the seven days prior to the index case developing invasive Hib.
- **Note:** Clearance antibiotics are no longer routinely indicated unless the household contains a vulnerable contact defined as:
 - Infant <7 months of age (regardless of vaccination status)
 - Child aged 7 months to 5 years who is inadequately vaccinated.
 - Immunocompromised or asplenic person of any age, regardless of vaccination status

Invasive meningococcal disease

- Time period of concern – seven days prior to onset of symptoms until the index case has completed 24 hours of directed antibiotic treatment
- Household or higher risk contacts:
 - Any individual living or having household-like contact with the index case

Pertussis

- Time period of concern – Within 14 days of the first contact with an infectious index case
- Close contacts:
 - Any face to face contact (within one metre) for ≥ 1 hour during the infectious period.
- High risk contacts:
 - Expectant parents or carers in the last month of pregnancy
 - All household members where there is an infant <6 months of age
 - Childcare staff caring for children <6 months
 - Children in childcare with close contact with children <6 months
 - Immunodeficient contacts should be discussed with Infectious Diseases on a case-by-case basis.

Invasive Group A Strep (iGAS)

- Contact Infectious Diseases for advice.

Staphylococcus aureus

- Close contacts:
 - All household contacts