GP Connect In Brief

Keeping GPs informed in the changing primary health landscape

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An Australian Government Initiative

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Protracted Bacterial Bronchitis in Children

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Definition: Protracted bacterial bronchitis can be diagnosed if a child has a wet cough lasting more than four weeks without specific pointers to an alternative cause, and which responds to antibiotic therapy.

Protracted bacterial bronchitis (PBB) is highly prevalent in Aboriginal children and yet under recognised and under treated. Clinicians often don't recognise that a wet sounding cough in a child for more than four weeks likely reflects a serious problem, even in the absence of any other clinical symptoms or signs such as vomiting or fever. Australian research suggests a substantial proportion of children with chronic wet cough will have PBB. If left untreated, it can reduce quality of life and lead to permanent lung damage/bronchiectasis.

How is PBB diagnosed? If children are old enough to expectorate (typically after six or seven years of age), a sputum sample can be sent for microscopy and culture. The typical culprit in PBB is non-typeable Haemophilus influenzae. However, in younger children who are unable to expectorate sputum, a pragmatic approach is required.

Firstly, exclude conditions that are not PBB (i.e. asthma, recurrent milk aspiration, foreign body aspiration and tuberculosis). Asthma causes chronic wet cough in approximately five per cent of cases, but is usually associated with recurrent episodes of wheeze and shortness of breath.

Recurrent milk aspiration typically presents as coughing and/or choking with feeds from early infancy. Aspiration can be caused by dysphagia, laryngeal clefts or trachea-oesophageal fistulas. Think of foreign body aspiration in children if respiratory symptoms clearly started after a choking episode. Remember, parents are unlikely to volunteer information about a choking episode that occurred in the past unless specifically asked about it.

> *"I would not have thought to mention that she has a cough as she has had a cough since she was 11 months old. In the morning she sounds like a smoker. But she has always had that."* - **Mother of a seven year old with bronchiectasis.**

Physical examination is important. Normal examination does not rule out PBB. Check weight and height to rule out failure to thrive. Look for digital clubbing that would suggest serious underlying disease. Chest asymmetry or asymmetrical breath sounds (like crepitations) can also indicate chronic disease, particularly if the asymmetry does not resolve.

Most children with chronic wet cough will not have any pointers to alternative causes. In these cases, the 'Persistent Cough' HealthPathway recommends two weeks of oral antibiotics followed by a check-up. If the chronic wet cough responds to oral antibiotics, the condition is most likely PBB. However, sometimes more than two weeks are required to fight infection that has become entrenched. If the child still has a chronic wet cough at their two week check-up, unless they have experienced unacceptable side-effects, they should be prescribed two more weeks of the same antibiotics followed by a check-up. In the rare instance that a child still has an ongoing wet cough after four weeks of antibiotics, they should be referred to a general or respiratory paediatrician. The specialist will revisit the history and examination and may want to rule out conditions such as cystic fibrosis, primary ciliary dyskinesia, immune deficiencies etc.

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Important points:

- Chronic wet cough should only be considered in cases where wet cough is present every day for four weeks or more. Young children often contract viral respiratory infections that cause wet cough. Such infections can occur in rapid succession. However, viral infections should clear up after a week or two.
- Children who have two or more episodes of PBB should be referred to a specialist.
- Parents may not volunteer an accurate history about wet cough if they are not approached in a culturally appropriate way. Culturally appropriate information flip charts and videos, developed for coastal communities in northern WA, are available from the Telethon Kids Institute.

Visit the online news hub to view the diagnostic pathway diagram based on Central Australian Rural Practitioners Association guidelines.

East Metro Health Service GP Event Update

The 'Tackling aging and life limiting illnesses: Helping our patients to make the most of life' GP update was held on Saturday 31 August by East Metropolitan Health Service including Armadale Kalamunda Group, Royal Perth Bentley Group and St John of God Midland Public Hospital clinicians in partnership with WA Primary Health Alliance; HealthPathways WA. Fourty GPs attended with very positive feedback and evaluation, especially on the topics selected, and the discussion and networking opportunities.

Visit the online news hub to read the full article.

Education Events

CPR & Addressing Eating Disorders in Primary Care
RACGP & WA Primary Health Alliance
Thursday 3 October

GP & Practice Team: Advanced care planning education event - Albany
WA Primary Health Alliance
Wednesday 9 October

Immunisation and cancer screening education
WA Primary Health Alliance
9, 10, 11, 15, 16 October

GP & Practice Team: Advanced care planning education event - Greenwood
WA Primary Health Alliance
Saturday 26 October

Clinical Updates

Syphilis on the rise in WA

GPs are urged to have a high index of clinical suspicion for syphilis as cases of this ancient infection increase across WA.

An RACGP webinar and podcast presented by Dr Donna Mak and Dr Benjamin Scalley is also available for GPs including information on the clinical features of the disease and the current outbreaks in WA.

There is currently three distinct WA outbreaks:

- Aboriginal people in the remote Kimberley, Pilbara and Goldfields regions - affected by a national syphilis outbreak that started in Queensland in 2011 and spread to WA in 2014.
- Syphilis cases among men who have sex with men in metropolitan Perth - at a new high of around 250 cases per year.
- Heterosexual people in metropolitan Perth - cases in this group started increasing in 2016 from a low base of about 20 per year, and are continuing to increase. Of particular concern is most cases in this group are in people of child bearing age, with 76 percent of female cases being under 45 years. These patients tend to be Australia born, have acquired their infection in Australia, and were diagnosed through routine screening by their GP (so they do not fit into any traditional high-risk groups). In the past six months, two cases of congenital syphilis occurred in WA, one in Perth and one in a remote region. These are the first cases since 2013.

The Communicable Disease Controls Directorate asks GPs and practice nurses to:

- Maintain a high index of suspicion for syphilis
- Normalise the offering of opportunistic STI testing
- Ensure antenatal syphilis testing at booking for all women and at 28 and 36 weeks, then also at delivery and six weeks post-partum for women from the Kimberley, Pilbara and Goldfields regions, and all other high-risk women (see also the Silver Book, or Syphilis HealthPathway.
- Contact the local public health unit for help with contact tracing or for difficulties accessing Benzathine penicillin for treating patients with syphilis. Note that Benzathine penicillin is now available in the Emergency Drug Supply Schedule Prescriber Bag for free supply to patients for emergency use.

Visit wapha.org.au/events more information on GP education events or to register.