

Pertussis: Think, Test, Treat, & Stop Transmission

New CDC Prophylaxis Guidelines



THINK of pertussis in anyone with the following symptoms, regardless of vaccination history:

- A cough in a person who has been notified of a close exposure to pertussis
- A paroxysmal cough of any duration, with whooping, post-tussive vomiting/gagging or apnea, or
- A persistent cough of unknown etiology, lasting more than seven days

TEST for pertussis

- Collect specimens using a nasopharyngeal swab, wash, or aspirate for PCR or culture. Collect serum for IgG
- Do not test if symptoms are not present. It is unlikely that B. Pertussis can be recovered through testing if the patient is not experiencing symptoms
- Delays in recognition of pertussis may contribute to adverse clinical outcomes

TREAT and report suspected and confirmed cases

- Mandatory Report to your local Health Department and to assist in preventing additional cases. Access Mandatory Report form and reportable conditions at: <http://www.smchd.org/infectious-diseases/>
- Use erythromycin, Azithromycin, Clarithromycin, or Trimethoprim-Sulfamethoxazole for treatment. If 21 days have already elapsed since cough onset, treatment is not recommended as it will not improve outcome.
- **NEW: Prescribe antimicrobial prophylaxis to all asymptomatic household contacts of a pertussis case within 21 days of cough onset in the index case**
- Provide post exposure prophylaxis (PEP) to persons within 21 days of exposure to an infectious pertussis case who are at high risk of severe illness or who have close contact with a person at high risk (infants < 12 months of age, pregnant women, persons with pre-existing conditions that may exacerbate pertussis infection [for example: moderate or severe asthma, or immune-compromised], all contacts in high risk settings that include infants aged < 12 months or women in the third trimester of pregnancy [for example: childcare settings, neonatal intensive care units])
- 2013 CDC guidelines for Pertussis prophylaxis are available at: <http://www.cdc.gov/pertussis/outbreaks/PEP.html>
- Delays in treatment before or after hospitalization may increase the risk of fatal illness

STOP TRANSMISSION

- Inform patients with suspected pertussis to stay at home and avoid close contact with others until they have completed five days of appropriate antibiotic OR had cough symptoms for at least three weeks. (Cases are potentially infectious for the first three weeks of cough.)
- Assess pertussis immunization status and use every patient encounter to vaccinate
- All close contacts to infants and all health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as age appropriate