

RECOMMENDED ANTIMICROBIAL TREATMENT AND POST EXPOSURE PROPHYLAXIS FOR PERTUSSIS, BY AGE GROUP

<u>Age group</u>	<u>Primary agents</u>			<u>Alternate agent*</u>
	<u>Azithromycin</u>	<u>Erythromycin</u>	<u>Clarithromycin</u>	<u>TMP-SMX</u>
<1 month	Recommended agent. Single doses 10 mg/kg per day for 5 days	Not preferred. Use if azithromycin is unavailable; 40mg/kg per day in 4 divided doses for 14 days	Not recommended	Not recommended
1-5 months	Single dose 10mg/kg per day for 5 days	40mg/kg per day in 4 divided doses for 14 days	15mg/kg per day in 2 divided doses for 7 days	<i>Only in infants >2 months</i> TMP 8mg/kg per day, SMX 40mg/kg in 2 divided doses for 14 days
Infants (aged ≥6 months) and children	10mg/kg as a single dose on day 1 (max 500mg) then 5mg/kg/day as single dose on days 2-5 (max 250mg/day)	40mg/kg per day in 4 divided doses for 14 days (max 2g per day)	15mg/kg per day in 2 divided doses for 7 days (max 1g per day)	TMP 8mg/kg per day, SMX 40mg/kg in 2 divided doses for 14 days
Adolescents and Adults	500mg in single dose on day 1 then 250mg as a single dose on days 2-5	2g per day in 4 divided doses for 14 days	1g per day in 2 divided doses for 7 days	TMP 200mg per day, SMX 1,600mg per day in 2 divided doses for 14 days
*Trimethoprim sulfamethoxazole (TMP-SMX) can be used as an alternative agent to macrolides in patients aged >2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of <i>Bordetella pertussis</i> .				

CONTROL AND PREVENTION:

- Administer antibiotics to close contacts within 3 weeks of exposure *regardless of vaccine status*
- Cases should be excluded from group settings until they have received at least 5 days of treatment
- ALL CASES MUST BE REPORTED TO THE HEALTH DEPARTMENT AS SOON AS SUSPECTED
 - Genesee County Health Department: **810.257.3612**
 - Communicable Disease Reporting: **810.257.1017**

LABORATORY TESTING:

- Isolation of *Bordetella pertussis* from clinical specimen, or
- Positive polymerase chain reaction (PCR) assay for *Bordetella pertussis*
- Suspected cases should have a nasopharyngeal swab (or aspirate) obtained for bacterial culture or PCR analysis
 - Dacron™ swabs are recommended
 - See diagram

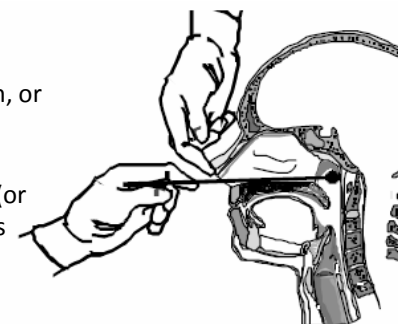


Diagram: Collection of nasopharyngeal swab

Source: Centers for Disease Control and Prevention. Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis: 2005 CDC guidelines. MMWR 2005;54(No. RR-14): 1-13.

Available for on-line viewing and downloading at: <http://www.cdc.gov/mmwr>

For more information: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis_t.htm or <http://www.gchd.us>