

Pertussis Pocket Guide for Physicians

CLINICAL CASE DEFINITION:

For endemic or sporadic cases, a cough illness lasting longer than two weeks with one or more of the following symptoms:

- paroxysms of coughing
- inspiratory “whoop”
- post-tussive vomiting*

* without other apparent cause

***NOTE:** *BORDETELLA PERTUSSIS* INFECTION IN ADULTS CAN RANGE FROM A MILD COUGH ILLNESS TO CLASSIC PERTUSSIS AND THE COUGH ILLNESS CAN BE CLINICALLY INDISTINGUISHABLE FROM OTHER RESPIRATORY ILLNESSES. PROLONGED COUGH FOR GREATER THAN 3 WEEKS IS A COMMON FEATURE.

LABORATORY TESTING:

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

VACCINATIONS:

- Vaccinate children aged 6 weeks to 6 years with DTaP
- A single dose if Tdap is recommended for adults and adolescents aged <65 years
- Tdap should replace a single dose of Td for adults aged 19-65 years who have not received a dose of Tdap recently
- A dose of Tdap is recommended for postpartum women, close contacts of infants aged less than 12 months, and all health care personnel with direct patient contact



*Have your patients received their Tdap booster?
Assess patient immunization history!*



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CONTROL:

GCHD January 2010

- ALL CASES **MUST** BE REPORTED TO THE HEALTH DEPARTMENT AS SOON AS **SUSPECTED**
 - Administer antibiotics to close contacts within three weeks of exposure
 - Cases should be excluded from group settings until they have received at least 5 days of treatment
- RECOMMENDED ANTIMICROBIAL TREATMENT AND POST EXPOSURE PROPHYLAXIS FOR PERTUSSIS, BY AGE GROUP**

Age group	Primary agents			Alternate agent*
	<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	<u>Only in infants >2 months.</u> TMP 8mg/kg per day, SMX 40mg/kg in 2 divided doses for 14 days
Infants (aged ≥6 months) and children	Single dose 10mg/kg on day 1 (max 500mg) then 5mg/kg/day (max 250mg) on days 2-5	40mg/kg/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 *Bordetella pertussis*.

Genesee County Health Department Communicable Disease Reporting: 810.257.1017

For more information visit: www.gchd.us

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.

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