



Yamhill County
Health and Human Services
Public Health

To: Health Care Providers in Yamhill County

From: Yamhill County Public Health

Date: **9/27/24**

Regarding: **Pertussis Information and Guidelines for Clinicians**

Phone number for follow-up: **(503) 434-7483**

ALERT

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Health Care Providers**

Health Reminder: Pertussis

Information and guidelines for clinicians

What is the typical clinical course of pertussis?

- Pertussis symptoms usually develop within 5 to 10 days (up to 21) after exposure.
- Catarrhal phase (1 to 2 weeks): insidious onset of cold-like symptoms including coryza, low-grade fever, mild, occasional cough. Apnea in infants.
- Paroxysmal phase (1 to 6 weeks): paroxysms of numerous rapid coughs often nocturnal, post-tussive emesis, cyanosis, exhaustion, prolonged high-pitched inspiratory whoop at the end of a paroxysm.
- Convalescent (weeks to months): gradual recovery, less-persistent paroxysmal coughs.
- Young infants are at highest risk of death from complications most commonly pneumonia.

What are pertussis vaccination recommendations?

- The Advisory Committee on Immunization Practices (ACIP) recommends the following:
 - Routine DTaP at 2, 4, and 6 months, at 15 through 18 months, and 4 through 6 years. For individuals up to age 18 years who are not fully vaccinated, please see [catch-up schedule](#).
 - Routine Tdap at 11 to 12 years.
 - Routine Tdap during every pregnancy, **irrespective of the patient's vaccination history**. Vaccination during pregnancy is 90% effective in preventing pertussis in young infants, who are most likely to be hospitalized or die from pertussis. **Optimal timing for Tdap administration is between 27 and 36 weeks' gestation.**

- Adults 18 years and older who have not received Tdap should get it as soon as feasible, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years.

How contagious is pertussis?

- Pertussis cases are contagious for the first two weeks of illness (during the catarrhal period when cases have cold-like symptoms), before the onset of the classic paroxysmal whooping cough. Cases are contagious, though less so, for up to three weeks after the paroxysmal cough begins.
- Pertussis is not airborne; it is spread by respiratory droplets that tend to fall to the ground a few feet from a person coughing, laughing, talking, shouting or singing.
- Pertussis is quite contagious among close contacts with secondary attack rates ranging from 25-60% among household members, up to 80% in susceptible individuals. Close contacts are defined as:
 - Everyone who lives with the case
 - Persons who were face-to-face and within 6 feet of a case for more than one hour while the case was contagious (above) and
 - Persons who had direct contact with respiratory, oral or nasal secretions while the case was contagious (above)
- High-risk close contacts are infants (<1 year old) and pregnant women in the 3rd trimester,

Whom should I test for pertussis?

- Contacts of a known case with an acute cough of any duration
- Any person in whom pertussis is suspected clinically — e.g., because of cough with whooping or lymphocyte count >20,000/ μ L
- Anyone with an acute cough of at least two weeks' duration

Whom should I contact if I suspect pertussis?

Confirmed and presumptive cases (clinical syndrome consistent with pertussis and linked to a confirmed case, but no testing available) must be reported to the local health department within one working day so appropriate contact investigation can begin, when necessary.

Who should be isolated and how?

- Anyone suspected or known to have pertussis should be isolated at home and excluded from work, school, or childcare until the person takes the correct antibiotic (below) for at least five days. If the person refuses antibiotic therapy, he or she should remain isolated for 21 days following symptom onset.
- Inadequately immunized close contacts may be excluded from school and day care for 21 days after the last exposure. If excluded, they may be readmitted

after pertussis-containing vaccination at the health officer's discretion. They should be monitored for signs and symptoms of pertussis throughout the 21-day incubation period.

Who should get prophylaxis?

- Chemoprophylaxis is recommended for all household contacts of the index case and other close contacts, including children in childcare. If the contact lives in a household with a young infant or pregnant woman, or is at high risk himself or herself, the contact should receive chemoprophylaxis, even if they are fully immunized, because the vaccine is not 100% protective.
- Close contacts should receive one of the following antibiotics which is the same antibiotic treatment course for pertussis:

Adults	Children
Azithromycin × 5 days 500 mg orally on day 1; then 250 mg orally daily on days 2–5	Azithromycin × 5 days Age 0 to 5 months: 10mg/kg p.o. daily Children ≥6 months of age, 10 mg/kg in single dose day 1 (max dose 500mg); then 5 mg/kg daily days 2–5 (max dose 250mg).
Clarithromycin × 7 days 500 mg orally twice daily	Clarithromycin × 7 days Minimum age: 1 month 20mg/kg/day p.o. in 2 divided doses (max 1 gram/day)
Trimethoprim- sulfamethoxazole (TMP-SMX) × 14 d 1 double-strength tab (160mg TMP component) orally twice daily	Trimethoprim- sulfamethoxazole (TMP-SMX) × 14 d ≥2 months of age, 4 mg/kg/d TMP component twice daily (max 320mg/day TMP component).

- Exposed children who received their third dose of DTaP six months or more before exposure to pertussis should receive a fourth dose at this time. Children who received all four primary doses before their fourth birthday should receive a fifth (booster) dose of DTaP before entering school. Persons 7–9 years of age who are not fully immunized against pertussis should receive Tdap now. Those ≥11 (including persons ≥65) years of age who have not received Tdap should get it at this time. There is no need to observe any minimum interval between doses of Td and Tdap.

What are other resources?

- Centers for Disease Control and Prevention: www.cdc.gov; Search: "Pertussis"

- American Academy of Pediatrics, Red Book, 2009. Pertussis, pp: 504–19
- Oregon Public Health: <http://public.health.oregon.gov>; Go to: "A to Z," then "Diseases A to Z" OR go to <http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/Pages/diseases.aspx> and click on "Pertussis/Whooping Cough."
- Yamhill County Public Health Communicable Disease Program: (503) 434-7483