

The purpose of this document is to provide guidance to local health jurisdiction staff on responding to reports of pertussis.

Pertussis is a highly contagious respiratory illness that can cause severe illness, including death, particularly in infants under 12 months of age. The primary goal of Public Health is to prevent death and serious complications from pertussis. Therefore, DOH differentiates between response activities that healthcare providers are expected to perform to meet standard of care, and those that Public Health must perform to protect infants. Since public health resources are currently very limited, public health response activities need to focus on preventing pertussis in infants under 12 months old and those likely to transmit pertussis to infants. DOH supports the U.S. Centers for Disease Control and Prevention and American Academy of Pediatrics' recommendations for the treatment of cases and prophylaxis of all close contacts, however, Public Health should focus resources on preventing pertussis transmission among high-risk persons and settings.

The following flow chart is meant to assist local health jurisdiction with focusing limited resources on the most effective and important pertussis case investigation activities.

Please note: all confirmed, probable, and PCR-positive suspect cases should be reported to DOH via the PHIMS surveillance database, regardless of the level of case investigation activities undertaken by the local health jurisdiction staff.

Any questions regarding this algorithm can be directed to the Department of Health Office of Communicable Disease Epidemiology at 206-418-5500.

Triage reports of pertussis

An indication of a high-risk contact/setting will increase the priority of a report.

Investigations need to be performed even if resources are extremely limited for:

- Culture- or PCR-positive cases (includes those whose illness does not yet meet the clinical case definition)
- Epi-linked cases that meet the clinical case definition
- Infants < 12 months of age

Investigations can be temporarily suspended if resources are limited for (in order of importance): *(Reports should be entered in PHIMS as usual whether further investigated or not.)*

1. Cases that meet the clinical case definition but have no epi-link or lab confirmation ('probable' cases)
2. Cases with classic symptoms (paroxysmal cough, post-tussive emesis, or whooping) and < 2 week cough duration with no testing or a negative test
3. Cases with an epi-link that do not yet meet the clinical case definition (symptomatic contacts of a case)

Contact Provider

- Verify that patient is aware of the diagnosis
- Request pertussis immunization history and pertinent clinical information
- Ask about high-risk* contacts/settings
- Verify appropriate treatment
- Determine what exclusion recommendations were made
- Determine whether high-risk household contacts received chemoprophylaxis

Interview Patient

Case

- Determine clinical symptoms and onset of illness
- Provide education about period of communicability, method of transmission, and avoidance of high-risk persons/settings
- Recommend avoiding all public settings until 5 days of antibiotics (Day 6) or 21 days after onset of cough if not treated

Contacts

- Identify high-risk close contacts* or setting for follow-up
- If no high-risk close contacts or setting are identified, instruct patient to inform contacts of exposure and to seek advice from their own healthcare provider regarding chemoprophylaxis

Symptomatic

High-risk Close Contacts*

Asymptomatic

Activities

- Educate
- Facilitate evaluation, testing, treatment, and exclusion as appropriate
- Notify facility if high-risk setting identified
- Report those who meet clinical case definition

Activities

- Educate
- Advise symptom watch
- Facilitate chemoprophylaxis

***High-risk close contacts of a pertussis case are defined as:**

- Infants < 1 year old
- Pregnant women, particularly in the 3rd trimester of pregnancy
- **Anyone who may expose infants < 1 year old or pregnant women**
(e.g., members of a household with infants or pregnant women, child care workers who take care of infants < 1 year old, health care workers with face-to-face contact with infants < 1 year old or pregnant women, childbirth educators)