



## REPORTING PERTUSSIS TO PUBLIC HEALTH

The Washington Administrative Code (WAC) 246-101-101 describes conditions that Washington's health care providers must report to their [local health jurisdiction](#). **Pertussis cases, or suspected cases, are reportable to your local health department within 24 hours.** Public Health's role is to assure appropriate treatment, prophylaxis and exclusion in order to prevent the spread of pertussis to high risk persons. The ultimate goal is to prevent disease and deaths due to pertussis in infants.

To report a laboratory or clinically diagnosed pertussis case to Public Health, please have the following information:

- Name \_\_\_\_\_
- DOB \_\_/\_\_/\_\_
- Date of Onset (any symptoms) \_\_/\_\_/\_\_
- Clinical symptoms
  - Cough >= 2 weeks? Y\_\_N\_\_ Cough duration \_\_\_\_\_days
  - Paroxysmal cough? Y\_\_N\_\_ Date paroxysms started? \_\_/\_\_/\_\_
  - Inspiratory whoop? Y\_\_N\_\_
  - Post-tussive emesis? Y\_\_N\_\_
  - Apnea (infants)? Y\_\_N\_\_
- Lab results\*:  
PCR positive Y\_\_N\_\_ Culture positive Y\_\_N\_\_ Date tested? \_\_/\_\_/\_\_ Not tested \_\_\_\_  
\* **DFA testing and serologic testing are not considered confirmatory and should not be reported to Public Health.**
- Pertussis immunization status?
  - Vaccination data available in Child Profile Y\_\_N\_\_
  - If no, please enter doses and dates of all pertussis-containing vaccines below:  
DTP/DTaP/Tdap \_\_/\_\_/\_\_ DTP/DTaP/Tdap \_\_/\_\_/\_\_ DTP/DTaP/Tdap \_\_/\_\_/\_\_  
DTP/DTaP/Tdap \_\_/\_\_/\_\_ DTP/DTaP/Tdap \_\_/\_\_/\_\_ DTP/DTaP/Tdap \_\_/\_\_/\_\_
  - Unimmunized Y\_\_N\_\_ Reason? \_\_\_\_\_
- Antibiotic treatment: Date prescribed? \_\_/\_\_/\_\_
  - Antibiotic name \_\_\_\_\_ Dose \_\_\_\_\_ Duration \_\_\_\_\_
- Was chemoprophylaxis given to household contacts and other high risk close contacts?
- Does the case have contact with any high risk persons Y\_\_N\_\_  
High risk is defined as:
  - Infants < 1 year old
  - Pregnant women (particularly those in their third trimester)
  - 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**)
- Is the patient aware of the diagnosis Y\_\_N\_\_
- What exclusion recommendations were made?

## INFORMATION ON PERTUSSIS FOR PROVIDERS

### Infection Control

Please mask coughing patients and use appropriate infection control to prevent the spread of pertussis in your practice. Remember that people who are fully up to date on pertussis vaccines may still be infected with pertussis.

### Treatment

Antibiotic treatment of pertussis is recommended as long as treatment is started within 3 weeks of onset of paroxysmal cough. However, if a case is culture positive, treatment should be initiated regardless of duration of symptoms. Do not wait for test results to begin antibiotic treatment. Treat when you make a clinical diagnosis of pertussis. (See Table below)

**TABLE 4. Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group**

Age group	Primary agents			Alternate agent*
	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
<1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available.)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety data unavailable)	Contraindicated for infants aged <2 months (risk for kernicterus)
1–5 months	10 mg/kg per day in a single dose for 5 days	40–50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at age <2 months. For infants aged ≥2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (aged ≥6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

\* Trimethoprim sulfamethoxazole (TMP–SMZ) 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*.

(Table 4 reproduced from Recommended Antimicrobial Agents for the Treatment and Post-exposure Prophylaxis of Pertussis: 2005 CDC Guidelines, available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>)

### Post-exposure Prophylaxis

Post-exposure prophylaxis (PEP) is recommended for all household and other close contacts of pertussis cases, especially any high risk contact (see definition above). Public Health can assist you in obtaining prophylaxis for high- risk contacts who are uninsured or for whom you are unable to prescribe.

### Exclusion

Exclusion of pertussis cases from public settings (work, school, child care) is recommended until after 5 days of appropriate antibiotics have been completed or for 21 days after the onset of severe cough if patient is unable to take, or refuses antibiotics. Do not wait for test results to begin exclusion. Exclude when you have a clinical diagnosis of pertussis.

### Vaccination

Make sure you, your staff and all your patients are up to date on pertussis vaccine. Use the Immunization Registry to enter and track your patients' vaccinations. Pertussis vaccination given before or after a pertussis exposure *does not replace the need for post-exposure prophylaxis (PEP)*.

**Wear a mask during close contact with and testing of a patient with suspected pertussis!**