

Managing Pertussis: Think, Test, Treat & Stop Transmission



THINK of pertussis in anyone with the following symptoms, regardless of vaccination history:

- A cough in a person who has been notified of a close exposure to pertussis,
- A paroxysmal cough of any duration, with whooping, post-tussive vomiting/gagging or apnea, or
- A persistent cough of unknown etiology, lasting more than 7 days.



TEST for pertussis:

Collect a specimen using a nasopharyngeal (NP) swab applicator with a flexible wire.

- Insert the swab gently into the nare and proceed gently to the posterior wall of the pharynx.
 - Don't direct the swab upward; allow the swab to move along the floor of the nasal cavity.
 - Don't force the swab past obstruction.
 - Turn the swab a quarter of a turn and hold in place until a paroxysmal cough is elicited, or ask patient to cough. (This ensures an adequate specimen and reduces the possibility of false negative results.)
- **Do not test if symptoms are not present.** It is unlikely that *B. pertussis* can be recovered through testing if the patient is not experiencing symptoms.

Interpreting Test Results		
Test	Timing of specimen collection	Test result interpretation
PCR (results within 24-96 hours)	Collect specimens as early as possible. PCR will detect non-viable organisms present, even in persons who have been treated with antimicrobials; however, false negatives can occur and are more common later in the illness.	(+) Positive: Confirms <i>B. pertussis</i> if clinical and/or exposure history support the diagnosis of pertussis. (-) Negative: Does not rule out <i>B. pertussis</i> infection.
Culture (results can take up to 10 days)	Collect specimens as early as possible. Recovering the organism is unlikely beyond 3 weeks of cough or in patients who have received antimicrobials. False negatives are common even early in the illness.	(+) Positive: Confirms <i>B. pertussis</i> infection. (-) Negative: Does not rule out <i>B. pertussis</i> infection.



TREAT and report suspected and confirmed cases.

- Use Erythromycin, Azithromycin, Clarithromycin, or Trimethoprim-Sulfamethoxazole for treatment. **If 21 days have already elapsed since cough onset, treatment is not recommended, as it will not improve outcome.**
- Prescribe antimicrobial *prophylaxis* (same regimen as treatment) to persons who are close contacts of pertussis cases regardless of symptom status.
 - Antimicrobial prophylaxis is recommended if exposure to an infectious case occurred within the previous 21 days (the maximum incubation period for pertussis).
 - Asymptomatic contacts receiving prophylaxis should not be excluded from their usual activities.
 - Symptomatic contacts should be evaluated for pertussis.
- Refer to VDH fact sheet, "Pertussis Treatment and Prophylaxis," for recommendations on pertussis treatment and on prophylaxis of case contacts. More information is available on the VDH web site at: <http://healthvermont.gov/prevent/pertussis/documents/pertussistreatment.pdf>
- Call the Vermont Department of Health at (802) 863-7240 if you have questions.



STOP TRANSMISSION

- Inform patients with suspected pertussis to **stay at home** and avoid close contact with others until they have:
 - Completed the 5th day of an appropriate antibiotic**OR**
 - Had cough symptoms for at least 3 weeks. (Cases are potentially infectious for the first 3 weeks of cough.)