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__
  - Paroxysmal cough? Y__N__
  - 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__/__/__
  - 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?

5/11/2012
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>
<thead>
<tr>
<th>Age group</th>
<th>Primary agents</th>
<th>Alternate agent*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Azithromycin</td>
<td>Erythromycin</td>
</tr>
<tr>
<td>&lt;1 month</td>
<td>Recommended agent, 10 mg/kg per day in a single dose for 5 days (only limited safety data available)</td>
<td>Not recommended</td>
</tr>
<tr>
<td>1–5 months</td>
<td>10 mg/kg per day in a single dose for 5 days</td>
<td>40-60 mg/kg per day in 4 divided doses for 14 days</td>
</tr>
<tr>
<td>Infants (aged ≤8 months) and children</td>
<td>10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2-5</td>
<td>40-60 mg/kg per day (maximum: 2 g per day) in 4 divided doses every 14 days</td>
</tr>
<tr>
<td>Adults</td>
<td>500 mg in a single dose on day 1 then 300 mg per day on days 2–5</td>
<td>2 g per day in 4 divided doses for 14 days</td>
</tr>
</tbody>
</table>

* 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](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!