



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT**

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PROVIDER HEALTH ADVISORY

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Pertussis: Be Alert for Illness and Contact Public Health Department with Suspect Cases

Following the confirmation of one case of pertussis in a young person in North County, the County of San Luis Obispo Public Health Department is asking providers to be alert for illness suggestive of pertussis, test for pertussis in suspect cases, and contact the Public Health Department regarding any cases that meet the clinical case definition for pertussis or are PCR-positive.

The clinical case definition of pertussis is, in the absence of a more likely diagnosis, a cough illness lasting more than two weeks with at least one of the following:

- Paroxysms of coughing; or
- Inspiratory "whoop;" or
- Post-tussive vomiting; or
- For infants less than one year of age only: Apnea (with or without cyanosis)

To contact the Public Health Department regarding pertussis:

- Call 805-781-5500 (M-F, 8 a.m.–5 p.m.) or 805-781-4553 (weekends and after hours).
- Fax the completed [Confidential Morbidity Report \(CMR\) form](#) to the Public Health Department at 805-781-5543.
- Submit the completed [Confidential Morbidity Report \(CMR\) form](#) via [CalREDIE](#).

Please note the following guidance from CDC.

For patients coughing <21 days:

- Collect nasopharyngeal swabs or aspirate for pertussis PCR testing with/without culture.
- Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis.
- Strongly consider antibiotic prophylaxis for pregnant women in their third trimester, infants less than 1 year of age and all of their household members and caregivers, and all those

Public Health Department

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attending or working in a childcare setting (i.e., same room) if there is an infant or a pregnant woman in her third trimester in the setting.

- CDC and the American Academy of Pediatrics recommend school exclusion for children with pertussis until they have completed 5 days of antibiotic treatment. Document and communicate all clinical decisions related to pertussis to the school (this includes children for whom you have ruled out pertussis).

For patients coughing \geq 21 days:

- Laboratory testing for pertussis is not necessary. CDC does not recommend laboratory testing after 3 weeks of cough since PCR and culture are only sensitive during the first 2 to 3 weeks of cough when bacterial DNA is still present in the nasopharynx.
- For most patients, antibiotic treatment is not required. Antibiotics are no longer necessary after 21 days of cough with the following exception: you should treat infants and pregnant women in their third trimester through 6 weeks after cough onset.
- The patient is no longer infectious and can return to school.

For all households:

Administer Tdap to contacts 11 years or older who have not been previously vaccinated with Tdap, DTaP to contacts 2 months through 6 years who are not up-to-date, or refer for vaccination to the Public Health Department.

For treatment recommendations:

Please see the attached guidance from The American Academy of Pediatrics Red Book 2018-2021 Report of the Committee on Infectious Diseases.

For more information about pertussis, see the California Department of Public Health Pertussis Quicksheet (bit.ly/CDPH-pertussis) or www.cdc.gov/pertussis.

This notice is available at www.slocounty.ca.gov/provider-notices.

RECOMMENDED TREATMENT AND POSTEXPOSURE PROPHYLAXIS, BY AGE GROUP^a

<i>Age group</i>	<i>Azithromycin</i>	<i>Erythromycin*</i>	<i>Clarithromycin</i>	<i>Alternate agent: TMP-SMX†</i>
Younger than 1 month	10 mg/kg/day as a single dose daily for 5 days ^{b,c}	40 mg/kg/day in 4 divided doses for 14 days	Not recommended	Contraindicated at younger than 2 months
1 through 5 months	10 mg/kg/day as a single dose daily for 5 days ^b	40 mg/kg/day in 4 divided doses for 14 days	15 mg/kg/day in 2 divided doses for 7 days	2 months or older: TMP, 8 mg/kg/day; SMX, 40 mg/kg/day in 2 doses for 14 days
6 months or older and children	10 mg/kg as a single dose on day 1 (maximum 500 mg), then 5 mg/kg per day as a single dose on days 2 through 5 (maximum 250 mg/day) ^{b,d}	40 mg/kg/day in 4 divided doses for 7-14 days (maximum 1-2 g per day)	15 mg/kg/day in 2 divided doses for 7 days (maximum 1 g/day)	2 months or older: TMP, 8 mg/kg/day; SMX, 40 mg/kg/day in 2 doses for 14 days
Adolescents and adults	500 mg as a single dose on day 1, then 250 mg as a single dose on days 2 through 5 ^{b,d}	2g/day in 4 divided for 7-14 days	1g/day in 2 divided doses for 7 days	TMP 320 mg/day; SMX, 1600 mg/day in 2 divided doses for 14 days.

From: The American Academy of Pediatrics Red Book 2018-2021 Report of the Committee on Infectious Diseases.

TMP indicates trimethoprim; SMX, sulfamethoxazole.

^aCenters for Disease Control and Prevention. Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis: 2005 CDC guidelines. MMWR Recomm Rep. 2005;54(RR-14):1-16

^bAzithromycin should be used with caution in people with prolonged QT interval and certain proarrhythmic conditions.

^cPreferred macrolide for this age because of risk of idiopathic hypertrophic pyloric stenosis associated with erythromycin.

^dA 3-day course of azithromycin for PEP or treatment has not been validated and is not recommended.