Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Pertussis

Maintain High Index of Suspicion
1. Classic findings include inspiratory whoop and staccato cough.
2. Infants often do not have the "whoop." This **video** from the Mayo Clinic is a great example of a classic infant presentation.
3. Pertussis is predominantly a clinical diagnosis: If you are very suspicious (especially in babies), treat empirically while awaiting test results. Do not report to state until confirmed.

Prevention
1. Update DTaP and Tdap for anyone eligible. **Here** are the CDC vaccine schedules, including catch-up.
2. Pregnant patients are due for Tdap after 28 weeks. This gives protection to the baby.

The **Alaska Department of Health Pertussis page** includes detailed information.

Isolation

- Recommend patients isolate and wear a mask around others for all respiratory symptoms.
- If test is positive, recommend isolation until five days of treatment have been completed.

Tests Available Through YKHC
(Use a regular viral respiratory swab with a red top to collect both tests.)

- "Respiratory Panel 2 In-House" is a large panel of respiratory tests, including pertussis. Very expensive but turnaround time is several hours. Given expense, should only be used on young or highest risk patients.
- "B. pertussis and B parapertussis LC" is a send out test to LabCorp. Cheaper option but longer turnaround time (at least 7 days).

Medication Regimens
(Same regimen for both treatment and prophylaxis.)

- ≤ 6 months: azithromycin 10 mg/kg PO daily x5 days.
- ≥ 6 months: azithromycin 10 mg/kg PO x1 then 5 mg/kg PO daily x4 days.
- Adults and patients >50 kg: 500 mg PO x1 then 250 mg PO daily x4 days.

If true macrolide allergy:
- ≥ 2 months: Septra 4 mg/kg TMP PO twice daily x14 days.
- Adults and patients >40 kg: Septra DS (160 mg TMP) PO twice daily x14 days.

Pertussis is suspected.

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Droplet precautions for all suspected cases.

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Who to test:
- ≤ 6 months: suspicious symptoms OR exposure with ANY symptoms: Test with "Respiratory Panel 2 In-House."
- ≥ 6 months: with suspicious symptoms OR exposure with ANY symptoms: Test with LabCorp test.
- Do not test completely asymptomatic people.
- Any household contact of a known case may be treated without a test.

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Who to treat:
- Patients <12 months within 6 weeks of cough onset. If high level of suspicion for patients at high risk, treat empirically while awaiting test result.
- Patients >12 months within 3 weeks of cough onset. If high level of suspicion for patients at high risk, treat empirically while awaiting test result.
- Pregnant patients (especially if near term) within 6 weeks of cough onset.
- Any household contact of a known case may be treated without a test.
- **This document** from State Epi provides more guidance about who to treat.

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Factors to consider about hospitalization:
- Infants <4 months:
  Check CBC with diff.
  Low threshold to hospitalize these infants until they have begun to show some improvement.
  Risk factors for significant morbidity (including "rapid, unpredictable deterioration"): apnea, true cyanosis, and WBC >30K. If any of these are present, consider transfer to a facility with a PICU.
- Older patients: Consider hospitalization and/or empiric treatment for patients with history of prematurity, chronic lung disease, neuromuscular disorders, etc. Feel free to consult Peds Wards on Duty with any questions.

Pertussis is confirmed.

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- Provider must report to State Epi within two business days. May call (907) 269-8000 or fax **this form** to (907) 561-4239.
- Provider will send message to Population Health team via Tiger Connect. Include patient name, DOB, MRN, and any other information (if any contacts are known, etc.).

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- Population Health will work with Public Health Nurses to identify contacts needing treatment.
- These names will be sent to Pertussis Response Providers, who will prescribe medications as needed.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 10/23/24.
Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.