

Pertussis (Whooping Cough) Guide for Health Care Professionals



Clinical Features

- Runny or stuffed-up nose
- Low-grade fever (<100.4°F)
- Mild, occasional cough
- Paroxysms

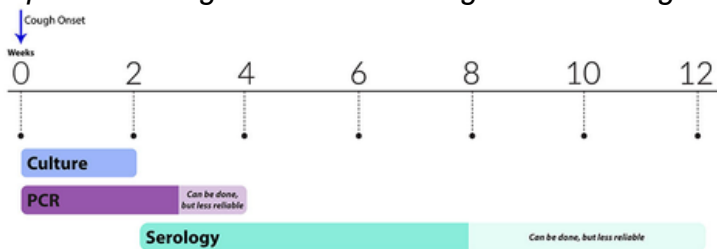
In Infants and Younger Children:

- Coryza, sneezing, clearing throat, mild cough - without fever
- Gagging, gasping, eye bulging, bradycardia, cyanosis, vomiting (stage 2: paroxysmal)
- Leukocytosis with lymphocytosis
- Apneic episodes
- Seizures
- Respiratory distress with paroxysms
- Pneumonia

Specimen Collection and Diagnostic Testing

- Obtain a **nasopharyngeal (NP)** swab or aspirate.
- **Culture:** Gold standard for diagnosis.
- **Polymerase Chain Reaction (PCR):** The most rapid test available. Results should be interpreted along with clinical and epidemiological information.
 - Only patients with signs and symptoms consistent with pertussis should be tested by PCR to confirm the diagnosis.
- **Serology:** More useful later in course of disease.
- **Asymptomatic close contacts of confirmed cases should not be tested.**

Optimal Timing for Pertussis Diagnostic Testing



Source: cdc.gov/pertussis

Postexposure Antimicrobial Prophylaxis (PEP)

- **Exposed Patients Without Symptoms:** Recommend PEP for any patient who reports being a close contact of a known case.
 - Though not routinely recommended for individuals who are not close contacts, consider offering PEP if your patient or a household member is at increased risk.
- **Exposed Patients with Symptoms and Cough <21 days:** Collect NP swabs or aspirate for testing. Treat presumptively with appropriate antibiotics while waiting for results if there is no alternative diagnosis.
- **Report Suspected and Confirmed Cases** to the County of San Diego Immunization Unit via Confidential Morbidity Report.
 - FAX to 619-692-5677, email to PHS-IZPHN.HHSA@sdcounty.ca.gov, or call 866-358-2966.

Treatment

- Treat during the **first 1 to 2 weeks before coughing paroxysms occurs.**
- Strongly consider treatment **prior** to test results if:
 - Clinical history is strongly suggestive of pertussis.
 - Patient is at risk for severe or complicated disease (e.g., infants).
 - Patient has or will soon have contact with someone considered at high risk of serious disease (e.g., pregnant women).

Vaccination (DTaP and Tdap) Recommendations

- **Infants and children:** 1 dose at 2 months, 4 months, 6 months, 15 through 18 months, and 4 through 6 years.
- **Adolescents:** 1 dose of Tdap between 11 to 12 years.
- **Adults:** 1 dose followed by either a Td or Tdap booster every 10 years.
- **Pregnant individuals:** 1 dose of Tdap during every pregnancy, preferably during the early part of gestational weeks 27 through 36.