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.

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.)

- "ANMC Respiratory PCR" is a large panel of respiratory tests, including pertussis. Very expensive but briefer turnaround time (1-5 days). YKHC is working on getting this test in-house.
- "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 ANMC respiratory panel.
- ≥ 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.
- Further details of workflow can be found **here**.

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.