NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

Pertussis Guidance for Providers

Clinical Information

Pertussis is a highly contagious bacterial infection that begins with nonspecific upper respiratory symptoms that last for 7-10 days, followed by onset of cough. The classic pertussis cough includes persistent paroxysms (coughing fits), an inspiratory "whoop", apnea, and/or post-tussive vomiting. Cough may last weeks to months if not treated early. **People with prior history of disease or vaccination may have milder symptoms and lack classic features of disease, making diagnosis more difficult.** Maintain a high level of suspicion of pertussis in all patients with a persistent cough. In infants, apnea can be a prominent feature and complications of pertussis include pneumonia, encephalitis, and death. In adults, complications of pertussis include post-tussive syncope and rib fracture, in addition to persistent cough.

Diagnostic Testing

If pertussis is suspected based on clinical presentation or cough with known exposure to a pertussis case, clinicians should collect a nasopharyngeal (NP) swab and send it to a commercial laboratory for polymerase chain reaction (PCR) testing. **Provide treatment after collecting diagnostic specimens. Do not wait for the results. Waiting for results facilitates disease transmission**. Specimens are most likely to be positive when patients have a clinically compatible illness and specimens are collected within the first three weeks of cough onset and before completion of antibiotics. DOHMH does not recommend serologic testing for pertussis because standardized tests are not available, making the results of commercially available tests difficult to interpret. More information about pertussis diagnostics can be found at www.cdc.gov/pertussis/clinical/downloads/diagnosis-pcr-bestpractices.pdf.

Treatment

Antibiotic treatment can alleviate symptoms and reduce pertussis transmission if given early in the course of illness. Treatment should be provided to persons aged >1 year within 3 weeks of cough onset and to infants <1 year and pregnant women within 6 weeks of cough onset. People receiving treatment must stay home and cannot attend child care, school or work until they have received 5 days of antibiotics. Treatment beyond this period is not thought to alter the duration of cough nor transmission to others and is not recommended. Physicians should prescribe either a macrolide or, for macrolide allergic patients, trimethoprim-sulfamethoxazole. Antibiotics should also be provided to close contacts (e.g. household members) of confirmed pertussis cases as post-exposure prophylaxis (PEP) to prevent illness and transmission. The antibiotics and dosing for treatment and prophylaxis are the same. If pertussis is strongly suspected, then PEP should begin while awaiting laboratory confirmation. For antibiotic details, see Table 4 at www.cdc.gov/mmwr/PDF/rr/rr5414.pdf.

Transmission and Infection Control

Individuals are infectious for up to three weeks or until 5 days after the start of effective antimicrobial treatment. People with pertussis must stay home until they have received 5 days of antibiotics.

In healthcare facilities, a dose of Tdap is routinely recommended for all healthcare personnel (HCP). HCPs should observe droplet precautions, such as wearing surgical masks, while evaluating suspect pertussis cases. Precautions should be observed regardless of the vaccination status of HCP. HCP with known unprotected exposure to pertussis and who are likely to expose pregnant women or neonates should receive PEP. Other HCP should either receive PEP or be monitored daily for 21 days after pertussis exposure and treated if pertussis symptoms develop. Clinicians should report all suspected cases of pertussis to DOHMH. Do not wait until laboratory confirmation to report. Early reporting allows DOHMH to investigate cases and assist the facility in identifying those who need post-exposure prophylaxis to prevent further infections. To report a suspected case, clinicians should call DOHMH at 866-692-3641.

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