

PERTUSSIS GUIDELINES

When to Test:

- Optimal time is during the first 3 weeks of cough
- False-Negative results likely after 4 weeks
- Do not test after 5 days of antibiotic use

Who to Test:

- Only patients with signs and symptoms of pertussis
- Do not test asymptomatic patients
- Do not test contacts to determine if postexposure prophylaxis is needed
- Persons at increased risk of infection or who have contact with those that are:
 - Children less than 1 year old
 - Persons with immunocompromising conditions or moderate/severe medically treated asthma
 - Pregnant women (especially if in the last 3 weeks of pregnancy)
- Patients with signs and symptoms of pertussis, regardless of vaccination status

How to Test:

1. PCR
 - Fastest results
 - High sensitivity can lead to increased false-positives
2. Culture
 - Increased specificity when compared to PCR
 - Can take up to 7 days for results
3. Serology
 - Can be performed late in the course of the disease
 - Unknown accuracy

Postexposure Prophylaxis (PEP):

Indicated to prevent death and serious complications:

1. Provide PEP to all household contacts of a pertussis case
2. Provide PEP to high risk people within 21 days of exposure to a pertussis case.
High risk people include:
 - a. Infants and women in their third trimester of pregnancy
 - b. All people with pre-existing health conditions that may be exacerbated by a pertussis infection (ex. immunocompromised people and those with moderate to severe asthma)
 - c. People who themselves have close contact with either infants under 12 months, pregnant women, or individuals with pre-existing health conditions at risk of severe illness or complications
 - d. All people in high risk settings that include infants aged <12 months or women in the third trimester of pregnancy