

Guidelines for Pertussis Post-Exposure Prophylaxis

To: Healthcare Providers, Hospitals and Ambulatory Care Centers
From: Patsy Kelso, PhD, State Epidemiologist for Infectious Disease

– Please Distribute Widely –

Pertussis continues to spread among Vermonters. To date in 2012, there have been 412 confirmed pertussis cases, compared to 31 cases at this time last year. Of the 2012 cases, 69 are among children younger than 5 years old, and 288 among school children age 5 to 18 years. Since September 1 and the beginning of the academic calendar, there have been 22 confirmed cases in children younger than 5 years, and 106 confirmed cases among school-aged children. Cases have been reported from 14 child care facilities in six counties, and 48 schools in 12 counties around the state. For the year, five of 19 confirmed cases in children under age 1 have been hospitalized.

Antibiotic post-exposure prophylaxis (PEP) of close contacts is a well established practice in responding to pertussis cases. However, defining close contact and determining who should receive PEP can be challenging.

This supplemental guidance is designed to be used with the *Vermont Department of Health Pertussis Contact Algorithm: Clinical Guidelines for Management of Contacts of an Individual with Pertussis*.

Action Steps for Clinicians

Prioritize antibiotic prophylaxis for people at highest risk for severe pertussis illness:

- Infants
- People who have underlying health conditions that could be exacerbated by a pertussis infection
- People who have close contact with others who are at high risk for developing severe pertussis, including pregnant women in their third trimester
- Prolonged household-type contacts *including all family and household members* who have regular contact during the patient's infectious period, and infants/family members of infants that visit the household

Aggressively pursue early diagnosis of pertussis in contacts of a case.

For individuals with close/moderately close contact but who are not recommended to receive PEP:

- Advise patients/parents to watch for early signs of coughing illness starting within 21 days of exposure. If symptoms develop, conduct clinical evaluation with pertussis exposure in mind.
- Advise individuals who are coughing to avoid contact with infants whenever possible, regardless of their diagnosis.

Health Department Guidelines for Institutional Settings

The Health Department investigates and makes recommendations on prophylaxis for child care settings, schools, boarding schools and other institutional settings:

- **Child Care:** Prophylaxis is recommended when exposure to a confirmed or strongly suspect case occurs in the child care center's infant room or a small family home child care setting. In larger child care settings recommendations are made on a case-by-case basis considering proximity to infants, intermingling of children, and the extent of time the child with pertussis was symptomatic while present in the facility. Child care facilities are asked to inform parents of prophylaxis recommendations. When group prophylaxis is not recommended, parents should be advised to address specific concerns with their child's healthcare provider (for example underlying health conditions or an infant in the home). The Health Department asks facilities to conduct ongoing monitoring and to refer children with coughing illness for clinical evaluation. Recommendations for broader prophylaxis are made when indicated.
- **Schools:** Prophylaxis is not routinely recommended for classroom contacts, teams, club activities, etc. Schools are asked to notify parents regarding pertussis in the schools and encourage them to seek evaluation for children who have coughing illness as needed, and to address specific concerns to their child's physician.
- **Boarding Schools and other Residential Settings:** Prophylaxis recommendations are made on a case-by-case basis, based on the risk of developing disease and duration of exposure.

Report suspected cases to the Epidemiology Field Unit by calling 802-863-7240.

- More information about pertussis is available at the Health Department's website: <http://healthvermont.gov/prevent/pertussis/providers.aspx>
- Algorithm for clinical evaluation and management of cases and close contacts: <http://healthvermont.gov/prevent/pertussis/documents/VermontPertussisAlgorithm25.pdf>

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