

Pertussis Quick Sheet

Pertussis needs to be reported to public health in one business day
[Communicable Disease Report form](#)

Consider pertussis in patients that present or report a history of cough and at least one of the following:

- o Cough that is increasing in severity.
- o Cough that includes history of paroxysms, post-tussive vomiting, and/or inspiratory whoop.
- o Cough with cyanosis.
- o Cough in patients with close contacts who are also having or recently had similar pertussis-like symptoms. These could be family contacts, friends, school contacts, or work contacts.
- o Any other presentation that would increase clinical suspicion of pertussis infection, such as sleep disturbance or exhaustion attributed to coughing attacks.

If pertussis is suspected:

- o Report suspected case to your [local health department](#), who can advise regarding testing and can assist with contact investigation and prophylaxis.
- o Collect nasopharyngeal swabs for pertussis culture and/or PCR. Culture and PCR are the preferred method of testing. Serologic testing is not a replacement for culture or PCR testing. See [video](#) on how to appropriately collect NP swabs.
- o Testing should **not** be done if symptoms are not present.
- o If pertussis is suspected, physicians should [prescribe antibiotics](#) to reduce the severity and duration of symptoms and decrease communicability. Where possible, please remember to collect nasopharyngeal specimens for pertussis testing prior to prescribing antibiotics. Treatment of suspected pertussis should be started immediately and **not deferred** due to pending laboratory tests.
- o If you are aware of any contacts to the suspected case that have symptoms suggestive of pertussis, please notify your [local health department](#) of these contacts so they may investigate.
- o CDC recommends that close contacts of pertussis cases receive antimicrobial therapy. If possible, physicians may want to consider providing prophylaxis to family members of a suspected pertussis case.

Algorithm for Pertussis Laboratory Testing (Cough Illnesses)

Typical characteristics of pertussis include a worsening cough in a non-toxic and afebrile patient.

In addition to cough, does the patient have:

- paroxysms
- whoop
- episodes of post-tussive vomiting

Yes

No

Notify the local health department immediately.

- Test for pertussis (PCR or culture) in addition to other clinically indicated tests.
- Negative lab results should not rule out a diagnosis of pertussis.

Was the patient a close contact to another case of pertussis?

Yes

No

Notify the local health department immediately.

- Test for pertussis (PCR or culture) in addition to other clinically indicated tests.
- Negative lab results should not rule out a diagnosis of pertussis.

Continue to monitor patient. Clinical judgment should be used to determine appropriate testing* and intervention.

If pertussis is suspected, notify the local health department immediately.

* Serologic testing is not the preferred method of testing for pertussis.