

## Follow-up Recommendations for Pertussis Exposures in the Health Care Setting

Transmission of *Bordetella pertussis* (*B. pertussis*) occurs through deposition of respiratory, oral, or nasal secretions from an infected source person on the mucous membranes of a susceptible host. Unprotected (e.g., not wearing a facemask), close, face-to-face contact with an infectious source person or contact with their secretions may be considered an exposure to pertussis.

### Health care workers exposed to a patient infected with pertussis

For health care workers (HCW) caring for a patient with pertussis who have a cough that developed less than 21 days ago, identify the type of exposure:

Type of HCW exposure	Recommended follow-up
<p>Face-to-face contact with coughing or sneezing patient while HCW not masked*, <b>or</b></p> <p>Performing or assisting with procedures that induce coughing or produce aerosols while HCW not masked*, <b>or</b></p> <p>Presence in same room with coughing or sneezing patient while HCW not masked* and performing a close-contact activity (e.g., bathing, feeding).</p>	<p>Antibiotic prophylaxis** <b>or</b> 21-day symptom watch from time of exposure:</p> <ul style="list-style-type: none"> <li>Decision whether to prophylax** or initiate symptom watch should take into consideration the patient population seen by the HCW. Example: Antibiotics would likely be preferred over symptom watch for a HCW who staffs a neonatal intensive care unit.</li> <li>CDC recommends staff not receiving postexposure prophylaxis** who are likely to interact with persons at increased risk*** for severe pertussis be restricted from contact with patients or other persons at increased risk for severe pertussis for 21 days after last exposure.</li> </ul>
<p>Presence in same room with coughing or sneezing patient while HCW not masked* and without close contact.</p>	<p>Recommend 21-day symptom watch from time of exposure.</p>

\* Surgical or procedure mask is sufficient.

\*\*The preferred agents for postexposure prophylaxis are azithromycin, erythromycin, and clarithromycin

\*\*\* Populations at increased risk for serious complications and death from severe pertussis include infants aged under 12 months, women in their third trimester of pregnancy, persons with pre-existing health conditions that may be exacerbated by a pertussis infection.

**Patients/staff exposed to a health care worker infected with pertussis**

If a HCW has pertussis, please contact your local/tribal public health jurisdiction for guidance. For patients or staff in close contact with an infected HCW, who have a cough that developed less than 21 days at time of exposure, identify the type of exposure:

Type of patient exposure	Recommended follow-up
HCW was masked* while infectious and working with patients.	No notification of patients is needed.
HCW was not masked* while infectious and had contact with patients less than 12 months of age or pregnant women.	Call local/tribal public health jurisdiction and notify of exposure. Public health will work with you to recommend post-exposure prophylaxis** letters and/or phone calls.
HCW was not masked* while infectious and had contact with patients who had a pre-existing lung condition that would make them susceptible to a more severe case of pertussis.	Mail notification letter and recommend post-exposure prophylaxis.
HCW was not masked* while infectious and patient was <b>not</b> less than 12 months old, pregnant, or otherwise compromised with a lung condition.	Mail notification letter recommending testing if symptoms develop.
Staff who worked with an infected HCW and had prolonged, close proximity, and unprotected contact.	Recommend antibiotic prophylaxis** <b>or</b> 21-day symptom watch from time of exposure: <ul style="list-style-type: none"> <li>• Decision whether to prophylax** or initiate symptom watch should take into consideration the patient population seen by the exposed HCW. Example: For exposed HCW that normally sees patients who are pregnant or less than 12 months of age, antibiotics may be preferred over a 21-day symptom watch.</li> </ul>

\* Surgical or procedure mask is sufficient.

\*\*The preferred agents for postexposure prophylaxis are azithromycin, erythromycin, and clarithromycin

\*\*\* Populations at increased risk for serious complications and death from severe pertussis include infants aged under 12 months, women in their third trimester of pregnancy, persons with pre-existing health conditions that may be exacerbated by a pertussis infection.

## Healthcare Worker Restrictions

Exclude symptomatic healthcare personnel with known or suspected pertussis from work for 21 days from the onset of cough, or until 5 days after the start of effective antimicrobial therapy.


Work restrictions are not necessary for **asymptomatic** healthcare personnel who have an exposure to pertussis **and** receive postexposure prophylaxis\*\*, regardless of the patient population they interact with.

**Asymptomatic** healthcare personnel who interact with persons at increased risk for severe pertussis\*\*\* should be restricted from patients and other persons at increased risk for severe pertussis\*\*\* for 21 days after the last exposure if they do not receive postexposure prophylaxis\*\*.

**Asymptomatic** healthcare personnel, who have an exposure to pertussis and are not likely to interact with persons at increased risk for severe pertussis\*\*\*, do not need to be restricted for work and should undergo symptom monitoring for 21 days after last exposure.

## Transmission-Based Precautions:

The table below shows the Transmission-Based Precautions that should be implemented in healthcare settings or by healthcare personnel when caring for infectious individuals with either suspected or confirmed pertussis.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Pertussis (whooping cough)	Droplet + Standard	<p>Until 5 days after initiation of effective antibiotic therapy.</p> <p>Exclude symptomatic healthcare personnel with known or suspected pertussis from work for 21 days from the onset of cough, or until 5 days after the start of effective antimicrobial therapy.</p>	<p>Single patient room preferred. Cohorting an option.</p> <p>Postexposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions [863].</p> <p>Recommendations for Tdap vaccine in adults under development.</p> <p>Tdap Vaccine Recommendations [2018]</p> <p> Update: Current recommendations can be found at <a href="#">Tdap / Td ACIP Vaccine Recommendations</a> (accessed September 2018).</p>

Repeat exposures: For questions on whether to repeat prophylaxis, please call your local/tribal public health jurisdiction or the 24/7 Communicable Disease Epidemiology/ICP/HAI line (406-444-0273).

Useful Resources:

- [Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients](#)
- [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)
- [droplet precautions final rev4](#)

This document was adopted from the Minnesota Department of Health.