CURRENT DATE

Dear Parent or Guardian:

Your child may have been exposed to whooping cough (pertussis) in your child’s class. The HEALTH DEPT NAME was notified of a person with whooping cough at NAME OF SCHOOL. Presently, the health department is working collaboratively with the school to prevent the spread of disease by providing you with this information and will investigate any additional students or staff diagnosed with whooping cough.

Whooping cough is an infection that affects the airways. The bacteria that cause whooping cough can easily spread from person to person by coughing or sneezing. Whooping cough can cause a severe cough that lasts for weeks or months, sometimes leading to coughing fits or vomiting. Anyone can get whooping cough, but it can be very dangerous for babies and people with certain health conditions. Family members with whooping cough, especially siblings and parents, can spread pertussis to babies. While whooping cough can cause serious illness, it is important to note that it can generally be treated with antibiotics. Please take a moment to read the following and contact your health care provider with any additional questions or concerns.

Recommendations:

1. **If your child has a cough:**
   * Keep your child home from school and activities, such as sports or play groups. See item 4 about when your child can return to these activities.
   * Make an appointment with your child’s health care provider as soon as possible and tell the provider that your child may have been exposed to whooping cough.
2. **If your child has a health condition that may be worse with whooping cough, such as asthma**, ask your child’s doctor about prescribing antibiotics to your child as soon as possible to prevent whooping cough. Doctors should give antibiotics to a child with certain health conditions if they may have been exposed to whooping cough, even if he or she is not coughing.
3. **If your child lives with any of the following people**, ask your child’s health care provider about prescribing antibiotics as soon as possible to your child, even if he or she is not coughing:

* A woman who is pregnant
* A baby younger than 12 months
* Anyone with health conditions that may be worse with whooping cough, such as asthma

1. **If your child has been diagnosed with whooping cough by their health care provider :**
   * Tell the school that a health care provider diagnosed your child with whooping cough.
   * Follow your provider’s recommendation on when to return to school and activities. Most children are able to return five days after the start of appropriate antibiotic therapy.

Please make sure your family’s whooping cough vaccinations are up to date. Protection against whooping cough from the childhood vaccine, DTaP, decreases over time. Older children and adults, including pregnant women, should get a whooping cough booster shot called “Tdap” to help protect themselves and babies. If you need Tdap, contact your doctor or call HEALTH DEPT PHONE NUMBER to schedule an appointment at the Health Department. If you take your child to a doctor for whooping cough, please show the reverse side of this letter to him or her. If you have any questions or concerns, please call us at HEALTH DEPT PHONE NUMBER.

Sincerely,

BACK OF LETTER FOR HEALTH CARE PROVIDERS

Dear Health Care Provider:

Your patient has determined to be a close contact to a person with pertussis.

**For Close Contact Patients without Symptoms:**

As a precaution to help protect vulnerable individuals, the health department recommends antibiotic prophylaxis for this patient if he or she is an infant less than 12 months old, is pregnant, or has a health condition which may be made worse by a pertussis infection. Alternatively, we are referring this patient to you because he or she shares a household with someone who has any of the above conditions.

**For Exposed Patients with Symptoms:**

**For patients coughing less than 21 days:**

1. Collect nasopharyngeal swabs or aspirate for pertussis PCR testing and/or culture.
2. Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis.
3. Document and communicate all clinical decisions related to pertussis to the school (this includes children for whom you have ruled out pertussis).
4. Strongly consider antibiotic prophylaxis for all household members. This is especially important for household members who are pregnant, an infant less than 12 months old, or have a medical condition that could be made worse by pertussis.

**For patients coughing 21 days or more:**

1. Laboratory testing for pertussis is not necessary. CDC does not recommend laboratory testing after three weeks of cough because PCR and culture are only sensitive during the first two to three weeks of cough when bacterial DNA is still present in the nasopharynx.
2. For most patients, antibiotic treatment is not required. Antibiotics are no longer necessary after 21 days of cough, with the following exception: you should treat infants less than 12 months old and pregnant women in their third trimester gestation up through six weeks after cough onset.
3. The patient is no longer infectious and can return to school.

**For all household members:** Ensure everyone is up to date with pertussis vaccination. For those who are not either administer the appropriate vaccine or refer them to HEALTH DEPT NAME for vaccination.

You can find additional clinical and laboratory guidance on the CDC website: <https://www.cdc.gov/pertussis/index.html>

Should you have any questions or concerns, please call HEALTH DEPT PHONE NUMBER.