CURRENT DATE

Dear Parent or Guardian:

The HEALTH DEPT NAME was notified of a whooping cough case in a student or staff who attends NAME OF SCHOOL. Presently, the health department is working collaboratively with the school to identify students or staff who may also be sick with whooping cough or who may have been exposed (close contacts). Students or staff identified as a close contact to this case will be notified directly. To prevent further spread of disease we are providing you with this information.

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 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 health care provider or call [HEALTH DEPT PHONE] to schedule an appointment at the Health Department. If you take your child to a doctor for cough or illness, please show the reverse side of this letter to him or her.

Please take a moment to read the following and contact your health care provider with any additional questions or concerns.

Recommendations:

1. **Make sure your child and family’s whooping cough vaccinations are up to date.**
2. **If your child comes down with cold symptoms followed by a cough:**
   * It may be necessary to have your child evaluated by a health care provider. Tell the provider that pertussis has been reported in your child’s school.
   * If your provider suspects pertussis, keep your child home from school and activities, such as sports or play groups. Please also report possible pertussis infections to your school nurse or administration, this information will help the school prevent further spread of the disease.
   * See item 3 about when your child can return to these activities.
3. **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.
   * The public health department will contact you to identify contacts who may also need to visit their healthcare provider.

If you have any questions or concerns, please call us at [HEALTH DEPARTMENT PHONE].

Sincerely,

BACK OF LETTER FOR HEALTH CARE PROVIDERS

Dear Health Care Provider:

This patient is not identified as a close contact but may have been exposed to pertussis.

**For Persons without Symptoms Not Identified as Close Contacts:**

Potentially exposed persons should self-monitor for 21 days following last potential exposure. If symptoms of pertussis develop (cough, low-grade fever, runny or congested nose), testing for pertussis should be performed as described below.

**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.