*Pertussis Response:*

*Treatment and Post Exposure Prophylaxis (PEP) Recommendations:*

Management of case:

The patient should isolate at home until five days of antibiotics have been completed OR 21 days since start of cough if no antibiotics are given. The patient should wear a mask if needing to access medical care during this period. The cough may linger for weeks if antibiotics are given later in the 21-day period or not at all. Patients are not infectious after proper antibiotic treatment or 21 days since onset of cough.

Management of close contacts:

ALL contacts who are asymptomatic and not up-to-date with their pertussis vaccination are encouraged to do so with an age-appropriate dose of either Tdap or DTaP.

Symptomatic close contacts:

Any person with a cough should be seen by a medical provider to determine if they also have pertussis or some other cough illness. Treatment for pertussis is recommended, and care should be taken to isolate, as described above.

Household contacts:

Everyone without current pertussis infection is recommended to receive antibiotics as post-exposure prophylaxis (PEP). Pertussis transmission occurs at a high rate within households.

Other close contacts:

PEP is recommended to people at high risk of severe infection within 21 days of exposure to an infectious pertussis case. Persons at high risk include:

* Infants younger than 12 months
* People with pre-existing health conditions that may be exacerbated by a pertussis infection

**Infants:**Severe and sometimes fatal pertussis-related complications can occur among infants younger than 12 months. This especially occurs among infants under four months of age. All infants are recommended PEP if exposed to pertussis.

**People with pre-existing health conditions**that may be **exacerbated by pertussis**

* People with immunocompromising conditions
* Moderate to severe medically treated asthma
* Pregnant women, especially those in their third trimester
* Other conditions as recommended by your medical provider

Determining Who is a Household Contact:

A household contact is anyone who lives in the same household as someone diagnosed with pertussis.

Determining Who is a Close Contact:

Pertussis is spread via droplets from the mouth and nose, particularly from coughing into the air. In general, persons are considered to be close contacts if they:

* + Are within 3 feet of someone with pertussis for at least 10 hours a week, or
	+ Have direct face-to-face contact with someone with pertussis.

These guidelines are for non-healthcare settings and are general recommendations. Other situations may occur that could constitute an exposure as a close contact. If you have unique circumstances that you would like to review, please contact CDEpi.

Determining Close Contacts in Healthcare Settings:

Please refer to the document “Follow-up Recommendations for Pertussis Exposures in the Health Care Setting.”

Considerations for Use of PEP for Close Contacts

A broader use of PEP may be appropriate in limited closed settings when

* The number of identified cases is small and
* There isn't a community-wide outbreak.

However, when continued transmission of pertussis is evident, multiple rounds of antibiotics wouldn't be recommended. Instead, healthcare providers should monitor people exposed to pertussis for onset of pertussis signs and symptoms for 21 days.

Considerations for Monitoring instead of PEP for Close Contacts

During increased incidence and widespread community transmission, extensive contact tracing and widespread use of PEP among contacts may not be an effective use of limited public health resources. Antibiotics may prevent pertussis if given prior to symptom onset. However, there are no data to suggest widespread PEP use among contacts effectively controls or limits outbreaks.