

Dear Colleague:

Your patient may have been exposed to pertussis.

If your patient does not have symptoms of pertussis:

National guidelines state: As a precaution to protect vulnerable individuals, if your patient meets **one or more** of the following criteria, we recommend antibiotic prophylaxis:

1. Your patient is or has ongoing close contact with a woman who is pregnant in her third trimester.
2. Your patient is or has ongoing close contact with an infant less than 12 months old.
3. Your patient is or has ongoing close contact with a person with pre-existing health conditions that may be exacerbated by a pertussis infection (such as immunocompromised persons and patients with moderate to severe medically treated asthma).

If your patient does not meet any of the criteria listed above, antibiotic prophylaxis is not recommended. However, please educate your patient on how to watch for signs and symptoms.

If your patient does have symptoms of pertussis:

[insert public health agency], the Iowa Department of Public Health, and national guidelines recommend the following actions when assessing and treating patients exposed to pertussis :

If your patient has been coughing for less than 21 days:

1. Collect nasopharyngeal swabs, nasal aspirate, or nasal wash for pertussis PCR testing and send the specimens to the State Hygienic Laboratory for testing.
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 [insert public health agency or school name and contact information] (this includes children for whom pertussis has been ruled out) so that appropriate public health action can continue to be taken.
4. Strongly consider antibiotic prophylaxis for all household members, this is especially important if a pregnant woman, an infant less than 12 months old, or anyone with a pre-existing health conditions that may be exacerbated by a pertussis infection lives in the household.

If you patient has been coughing for 21 days or more:

1. Testing for pertussis is not recommended as the infection has resolved even though the symptoms may continue for weeks due to damage done by the infection. Testing after 3 weeks of cough is of limited benefit since PCR and culture are only sensitive during the first 2-3 weeks of cough when bacterial DNA is still present in the nasopharynx.
2. Treatment is generally no longer necessary after 21 days. However, because they are at higher risk of severe disease, infants or pregnant women in their third trimester could be treated up through 6 weeks after cough onset.
3. The patient is no longer infectious and can return to work/school/childcare/ and other activities.

For all households: Please make sure that all pertussis vaccinations are up to date for all household members or refer for vaccination [insert contact].

Additional clinical and laboratory guidance may be found on the IDPH website:

www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Pertussis.

Should you have any questions or concerns, please call [insert contact].

Sincerely,