Guidance for Clinicians

Check List: Managing Patients Suspected of Having Pertussis

The purpose of this checklist is to provide you step-by-step guidance when evaluating patients suspected to have pertussis, with the goal of a reduction in the spread of pertussis in the general community while also facilitating an expedient investigation by Public Health.

For questions, please call the Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program and ask to speak to the Epidemiology Unit:
(213) 351-7800 from 8:30am – 5:00pm Monday to Friday
(213) 974-1234 Administrative Officer on Duty after business hours and on weekends

See "Pertussis Fact Sheet for Clinicians" for more information.

☐ Step 1. Isolate the suspected patient with pertussis right away, using Aerosol Transmissible Diseases (ATDs) precautions.[1]

☐ 1a. Remove patients presenting with a persistent cough from waiting areas or place a surgical mask over the patient's mouth and seat 3-6 feet apart from other patients.

☐ Step 2. Assess if the patient has pertussis-like symptoms, regardless of vaccination status or recent history of pertussis illness.[2, 3]

☐ 2a. To prevent further transmission, consider pertussis if patient has at least a cough and any of the following:

- Paroxysms/coughing episodes or attacks
- Inspiratory whoop
- Post-tussive emesis or gagging
- Apnea and/or cyanosis (notably among infants)
- Exposure to pertussis

☐ 2b. Consider pertussis in patients even with a mild or short-duration cough (*see Inset 1*). Pertussis is infectious during the early stage of pertussis symptoms (catarrhal stage).

Inset 1. What to expect in a patient vaccinated for pertussis?

★ Shorter cough duration
★ Paroxysms, whooping, and vomiting after cough occurs less
★ Among infants, apnea, cyanosis, and vomiting may be less severe

☐ Step 3. Collect appropriate pertussis specimen(s) and perform PCR for a timely pertussis diagnosis.[4, 5]

☐ 3a. Obtain a nasopharyngeal (NP) swab or aspirate within the first **3-4 weeks** of cough onset for PCR testing (*See Inset 2*).

☐ 3b. Do not test after 5 days of antibiotic use or if the patient is asymptomatic, regardless of their exposure status to pertussis.

Inset 2. Can other pertussis lab tests be performed instead of PCR?

★ Serology and DFA are not recommended for diagnosing pertussis given the lack of standardization and/or limitations with sensitivity/specificity.
★ Culture testing is not time-sensitive.

☐ Step 4. Regardless of immunization status, treat and limit the activity of the patient to prevent the potential spread of pertussis in the community.[6]

Option 1: Provide appropriate antibiotics preemptively

- ☐ If clinical symptoms and/or exposure are present, provide antibiotic treatment prior to the availability of lab results.
- ☐ Instruct patient to not attend work or school activities until the first 5 days of antibiotics are completed.

Option 2: Wait to treat until lab results are available but immediately limit activity of patient

- ☐ Instruct patient to not attend work or school activities until the lab results have returned.
- ☐ If pertussis PCR (+), provide appropriate antibiotics and instruct patient to not attend work or school activities until the first 5 days of antibiotics are completed.

☐ Step 5. Provide Post-Exposure Prophylaxis (PEP) to the Patient's Contacts.[6, 7]

- ☐ 5a. Do either of the following:
  - Provide PEP to <u>all</u> household members and close contacts (contacts within 3-6 feet for ≥ 1 hour) who are at high risk for pertussis complications, regardless of their pertussis immunization status (*see Inset 3*).
  - Refer non-patients to their own primary medical provider/other medical provider for PEP administration.

Inset 3. Who is considered "high risk" for pertussis?

- ★ Persons at risk for developing severe pertussis disease and complications, including **infants, pregnant/recent post-partum women and immunocompromised persons**.
- ★ Persons at risk for transmitting pertussis disease to those at high risk for developing severe disease, including **healthcare workers, daycare workers**.

☐ Step 6. Based on your evaluation, collect and document the following information in your medical notes.

See Public Health Pertussis Assessment Form.

- Description of symptoms (*see Step 2*)
  - *Cough Duration*
  - *Presence of paroxysms/coughing episodes*
  - *Presence of post-tussive emesis*
  - *Presence of inspiratory whoop*
  - *Presence of apnea*
- Names of possible exposure sites/venues
  - *Daycare/school, work, carpools, extracurricular activities, etc.*
- Names of *symptomatic* contacts (family members, friends, etc.)
- Indicate if patient is high risk (*See Inset 3*)
- Indicate if patient has any routine contact with high risk persons (*See Inset 3*)
- Indicate type and course of treatment
- Indicate type and course of PEP provided to contacts

☐ Step 7. Ensure the patient and household contact(s) are up-to-date with pertussis vaccines.[8, 9]

- ☐ 7a. Administer vaccine in conjunction with post-exposure prophylaxis and/or treatment.

☐ Step 8. Notify the patient that Public Health will be in communication.[10]

☐ 8a. Inform the patient that as mandated by *Title 17 of the California Code of Regulations, Sections 2500 - 2505*, the evaluating medical provider must report a patient suspected to have pertussis to Public Health.

★ *Note: Public Health is exempt from HIPAA regulations and is not required to secure individual patient authorization to obtain protected health information.*

☐ Step 9. Report the patient suspected of having pertussis to Public Health within 1 business day.[10]

☐ 9a. Fax the following information to Public Health at **(213) 351-2782**.

- Medical Records (*See Step 6*)
- Public Health's Pertussis Assessment Form/ Confidential Morbidity Reporting Form
- All lab results assessing respiratory illness
- Immunization Records (if available)
- Patient Demographics:
  - *Name*
  - *Address*
  - *Gender*
  - *Years lived in the US*
  - *Date of birth*
  - *Telephone number(s)*
  - *Race/ Ethnicity*
  - *Place of birth*

☐ Step 10. Identify and address potential pertussis exposures in hospital/clinic.

☐ 10a. Identify susceptible patients, staff, volunteers or visitors at the clinic/hospital who could have been exposed to the patient within the first 21 days of cough onset (see Inset 4).

Inset 4: Who is susceptible to pertussis?

A person who had the following exposure to a symptomatic patient, regardless of immunization status:

★ Shared room space in close proximity for a prolonged period of time (i.e., within 3-6 feet for ≥ 1 hour)
★ Direct face-to-face contact for any length of time with a symptomatic patient
★ Direct contact with respiratory, oral, or nasal secretions from a patient in any setting

☐ 10b. Regardless of vaccination or immunity status, the following exposed individuals should receive antibiotic prophylaxis and the following interventions[6]:

- Outpatient Clinic Staff:
  - If PEP is not taken, restrict staff from contact (e.g., furlough, duty restriction/reassignment) with patients and other persons at increased risk for severe pertussis (see Inset 3) for 21 days after their last exposure.
- Outpatient Clinic Patients:
  - Prioritize PEP to high risk individuals (see Inset 3)
- Hospitalized Patients/Staff: [11, 12]
  - Restrict susceptible and exposed staff to the involved ward until at least 5 days of antibiotic prophylaxis have been completed.
  - Hospitalized patient should be isolated in a single patient room as soon as possible.
    - If single patient rooms are not available, then exposed hospitalized patients and the infectious patient should be cohorted (i.e., restricted to) to a room/ward in which the bed of the infectious patient is more than 3-6 feet from the beds of the exposed patients.
  - There should be no new admissions to cohorted rooms/wards of under or unvaccinated patients or of any patients <1 year of age until the patient with pertussis and all exposed patients and staff members have been on antibiotics for at least 5 days.

Contact Los Angeles County Department of Public Health for guidance on exposures.

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(*ask to speak to Epidemiology Unit*):
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8:30am-5:00pm Monday to Friday

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References:

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9. ACIP Vaccine Recommendations and Guidelines. CDC. https://www.cdc.gov/vaccines/schedules/easy-to-read/index.html.
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12. Section 3: Summaries of Infectious Diseases: Pertussis (Whooping Cough). American Academy of Pediatrics. https://redbook.solutions.aap.org/chapter.aspx?sectionId=189640156&bookId=2205&resultClick=1