

Information about Pertussis and Post Exposure Prophylaxis

Recommendations for PEP

Antimicrobial agents are recommended for treatment and post exposure prophylaxis (PEP) for pertussis. Antibiotics will eradicate *Bordetella pertussis* from the nasopharynx of infected persons, whether they are symptomatic or asymptomatic. Post exposure prophylaxis can be administered to close contacts of patients and to persons who are at high risk for having severe or complicated pertussis.

Who is considered a close contact to someone who has pertussis?

For pertussis, a close contact is defined as a person who had face-to-face exposure within 3 feet of a symptomatic patient.

Close contacts can include persons who have:

- Direct contact with respiratory, oral, or nasal secretions from a symptomatic patient through:
 - Cough
 - Sneeze
 - Sharing food and eating utensils
 - Mouth-to-mouth resuscitation
 - Performing a medical examination of the mouth, nose, and throat
- Shared the same confined space in close proximity with a symptomatic patient for greater than 1 hour.

High risk close contacts for acquiring pertussis infection include:

- Infants aged less than 1 year
- Persons with immunodeficiency conditions
- Persons with other underlying medical conditions such as chronic lung disease, respiratory insufficiency, or cystic fibrosis

When would PEP be effective?

An antimicrobial agent administered early in the course of illness can reduce the duration and severity of symptoms, lessen the period of communicability, and prevent secondary cases. Close asymptomatic contacts can be administered post exposure prophylaxis to prevent secondary cases as long as there are no contraindications. It is recommended that the PEP be administered within 21 days of the index patient's cough onset.

Reference:

Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis: 2005 CDC guidelines. MMWR 2005;54 (RR-14): 1-13



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