

Interim Alaska pertussis recommendations

Updated 9/24/2024

Factors impacting risk of illness	Exposure factors		
	Known close contact exposure to a person with pertussis during their infectious period* (see definition below)	Possible exposure: Casual contact or short-term exposure not meeting close contact definition. May include living in a community with very high pertussis levels	Lower risk: No known contact with a person with pertussis
Risk factors for severe illness OR high-risk contacts	Take a full course of antibiotics for post-exposure prophylaxis	Monitor closely for symptoms of pertussis. See a health care provider right away if symptoms develop	See a health care provider right away if symptoms develop
No risk factors for severe illness AND no high-risk contacts*	Monitor closely for symptoms of pertussis. See a health care provider if symptoms develop*	See a health care provider if pertussis symptoms develop	See a health care provider if pertussis symptoms develop

***All household contacts of a known pertussis case should receive PEP within 21 days of cough onset in the index patient regardless of risk factors or high-risk contact status.**

Definition for close contact of a pertussis case

Direct face-to-face contact within 21 days of cough onset in the index patient. This includes all household contacts and immediate family members, boyfriends/girlfriends, and childcare contacts (those who spend many hours in close proximity together or sleep under the same roof).

1. An obvious exposure that involves direct contact with respiratory, oral, or nasal secretions from a case-patient during the contagious period (e.g., a cough or sneeze in the face, sharing eating utensils, sharing water bottles, kissing, mouth-to-mouth resuscitation, or performing intubation or nasotracheal suctioning without a mask).

2. Close proximity for a prolonged period of time with a person with pertussis during the contagious period. Risk of exposure increases with longer duration and closer proximity of contact.

Definition for risk factors for severe illness/high-risk contacts

- Infants under the age of 1 year
- Pregnant women in their third trimester
- Healthcare workers and others working with infants, immunocompromised patients, or other high-risk patients
- All persons with pre-existing conditions that may be exacerbated by pertussis infection

- Anyone in high-risk settings who may expose infants, pregnant women or immunocompromised patients (ie. child educators, daycare providers)

Healthcare personnel-specific recommendations:

Unprotected (e.g., not wearing a facemask), close, face-to-face contact with an infectious source person or contact with their secretions may be considered an exposure to pertussis. Close contact may include, but is not limited to, performing a physical examination on, feeding, or bathing a patient; bronchoscopy; intubation; or administration of bronchodilators. Determination of close contact may be more inclusive in settings where interaction with persons at increased risk for severe pertussis is more likely.

- Exposed healthcare personnel should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since their most recent Td vaccination.
- For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis:
 - Administer postexposure prophylaxis.
 - If not receiving postexposure prophylaxis, restrict from contact (e.g., furlough, duty restriction, or reassignment) with patients and other persons at increased risk for severe pertussis for 21 days after the last exposure.
- For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and are not likely to interact with persons at increased risk for severe pertussis:
 - Administer postexposure prophylaxis, OR
 - Implement daily monitoring for 21 days after the last exposure for development of signs and symptoms of pertussis.
- For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and who have preexisting health conditions that may be exacerbated by a pertussis infection:
 - Administer postexposure prophylaxis.

Exclude symptomatic healthcare personnel with known or suspected pertussis from work for 21 days from the onset of cough, or until 5 days after the start of effective antimicrobial therapy.

<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/pertussis.html>

Hospital Considerations

Use droplet and airborne transmission-based precautions until patient has completed 5 days of appropriate antibiotics. Private or single room is preferred. Cohorting is an option.

<http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>

Other considerations for schools

Be aware of symptoms and consider pertussis in any student or staff member who has a cough lasting >7 days or a severe cough that occurs in sudden, uncontrollable bursts, especially if followed by vomiting, or a cough illness of any duration if a known close exposure has occurred.

- Encourage an evaluation by a health care provider if you suspect a student or staff person may have pertussis.
- Promote Dtap/Tdap vaccine for children and adults, including school staff, teachers, and coaches, particularly in the event of an outbreak
- Guide to exclusion when pertussis is suspected:
<https://health.alaska.gov/dph/Epi/id/SiteAssets/Pages/Pertussis/PertussisSchoolExclusion.pdf>

Additional school resources from other states:

<https://www.health.state.mn.us/diseases/pertussis/school/pschoolfacts.html#NaN>

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/PertussisQuicksheet.pdf>