



Pertussis Fact Sheet for Alaska Clinicians

Alaska is experiencing a pertussis epidemic at the same time as COVID-19 and other common respiratory viruses are also circulating. The purpose of this fact sheet is to offer a quick reference for clinicians on testing, treatment, isolation, and vaccination. An [Alaska Health Alert Network pertussis notification](#) was released on August 5th, which contains additional helpful information.

Testing is strongly recommended for the following symptomatic persons (regardless of vaccination history):

- Infants (may have atypical symptoms, no cough, bradycardia, gagging, gasping, or other signs of respiratory distress)
- Pregnant women
- Household contacts (and other close contacts) of a pertussis case (if exposed ≤ 21 days of onset of cough in the index patient)
- Immunocompromised persons
- Healthcare workers working with infants, immunocompromised patients, or other high-risk patients
- All other patients in whom a clinician strongly suspects pertussis based on their history and clinical presentation, such as
 - Cough lasting 1-2 weeks
 - Paroxysmal cough and/or post-tussive vomiting (or inspiratory whoop in young children)

Treatment

- First-line treatment for pertussis is a 5-day course of azithromycin ([alternative regimens are also available](#))
 - For infants aged 1–6 months: 10mg/kg/day oral once daily for 5 days
 - For persons aged ≥ 6 months: 10mg/kg as a single oral dose on day 1, maximum 500mg, then 5mg/kg/day as a single dose on days 2 through 5, maximum 250mg/day
- Consider empiric treatment (prior to laboratory-confirmation) for the following symptomatic patients:
 - Infants (also consider inpatient monitoring for more severe symptoms or barriers to close follow-up)
 - Pregnant women
 - Close contacts (e.g., household contacts) of confirmed pertussis cases
 - Immunocompromised persons
 - Healthcare workers and others working with infants, immunocompromised patients, or other high-risk patients
- Treatment is not recommended >3 weeks after onset of symptoms

Post-exposure prophylaxis (5-day course of azithromycin at treatment dosing) should be offered to:

- Household contacts of a pertussis case who were exposed within 21 days of onset of cough in the index patient
- Pregnant women
- Immunocompromised persons and other high-risk persons

Testing at Alaska State Public Health Laboratory is Available (ensure patient and submitter information is correct)

- Dacron/Polyester nasopharyngeal swabs in sterile containers with no media, labeled with patient name and DOB
- Swabs are not accepted in transport media or in paper sleeves
- Nasal, calcium alginate, and cotton swabs are *not accepted*
- Tests will be run M-F; turnaround may be within 48-72 hours
- <https://health.alaska.gov/dph/Labs/Pages/testing/Bordetella-pertussis.aspx>

Dacron Swabs: Clinics that are running out of Dacron swabs may request limited supplies from the State Public Health Laboratory

- <https://health.alaska.gov/dph/Labs/Documents/publications/LabSupplyRequest.pdf>

Isolation: Avoid contact with others for 21 days after symptom onset (or for the first 5 days after starting antibiotic treatment)

Vaccination

- Young children should be up to date with the DTaP vaccine (2, 4, 6, and 15-18 months, with a booster at 4-6 years)
- Adolescents/adults should be up to date with the Tdap vaccine (starting at 11-12 years and every 10 years thereafter)
- Pregnant women at 27–36 weeks gestation (third trimester) should receive one dose of Tdap vaccine during each pregnancy
- Patients can check their AK vaccination records using the free Docket app or at <https://ak.app.dockethealth.com/>