**PURPOSE:**

The purpose of the following policy is to prevent the transmission of pertussis to susceptible persons,

define a pertussis exposure and establish guidelines for the management of personnel exposed to

pertussis.

**PROCEDURES:**

Background

1. Pertussis is spread by droplets generated during coughing or sneezing or during performance of
2. procedures.
3. When caring for a patient with pertussis, perform hand hygiene and wear gloves, gown and mask
4. prior to entering the patient’s room.
5. Healthcare workers caring for patients during or when performing potentially aerosol generating
6. procedures should wear an N 95 respirator.
7. All employees should be vaccinated with the Tdap vaccination as an adult and with each pregnancy, as recommended by Employee Health Services.

Staff Education

Educate appropriate personnel in accordance with their level of responsibility in the health-care setting about the epidemiology, modes of transmission, and means of preventing the spread of pertussis.

Case-Reporting, Disease Surveillance, and Case - Contact Notification

1. Report to the local and/or state health department all confirmed and suspected cases of pertussis.
   1. Report patients <3months with a positive Pertussis PCR/culture to LACDPH Communicable Disease Control
2. Conduct active surveillance for cases of pertussis until 21 days after the onset of the last pertussis case.
   1. Notify persons who have had close contact with a case of pertussis in the health-care setting so that they can be monitored for symptoms of pertussis and/or administered appropriate chemoprophylaxis. Close contact includes face-to-face contact with a patient.

Prevention of Pertussis Transmission

1. All employees should be vaccinated with Tdap vaccine.
2. During an outbreak
   1. There is no minimum interval between receipt of a tetanus- or diphtheria-toxoid-containing vaccine and Tdap when Tdap is otherwise indicated
   2. Accelerate scheduled vaccinations to infants and children aged <7 years who have not completed their primary vaccinations.
   3. Administration of a single dose of Tdap to children 7 through 10 years of age with incomplete or unknown pertussis vaccine history

Patient Placement and Management

Patients should be placed in Combined-Droplet precautions

A mask, gown, and gloves are required when entering the patient room

1. For high hazard procedures an N95 mask is required
2. Place a patient with diagnosed pertussis in a private room, or if known not to have any other respiratory infection or **chronic conditions**, in a room with other patient(s) with pertussis until after the first 5 days of a full course of antimicrobial treatment or 21 days after the onset of cough if unable to take antimicrobial treatment for pertussis.
3. Place a patient with suspected pertussis in a private room. After pertussis and no other infection is confirmed, the patient can be placed in a room with other patient(s) **(without any underlying chronic conditions)** who have pertussis after the first 5 days of a full course of antimicrobial treatment or 21 days after the onset of cough if unable to take antimicrobial treatment for pertussis.
4. Perform diagnostic laboratory tests (for confirmation or exclusion of pertussis) on patients who are admitted with or who develop signs and symptoms of pertussis.

Use of a Prophylactic Antibiotic Regimen for Contacts of Persons with Pertussis

1. Administer a macrolide to any person who has had close contact with persons with pertussis and who does not have hypersensitivity or intolerance to macrolides.
   1. Except in infants aged <2 weeks, use erythromycin. For patients who are intolerant to erythromycin or for infants aged <2 weeks, use any of the following regimens: azithromycin for 5–7 days; or clarithromycin for 10–14 days
2. For chemoprophylaxis of persons who have hypersensitivity or intolerance to macrolides, use (except in the case of a pregnant woman at term, a nursing mother, or an infant aged <2 months) trimethoprim-sulfamethoxazole for 14 days

Management of Symptomatic Health-Care Personnel

1. In conjunction with employee-health personnel, perform diagnostic laboratory tests for pertussis in health-care personnel with illness suggestive of pertussis (i.e., unexplained cough illness of >1 week duration and paroxysmal cough)
2. In conjunction with employee-health personnel, treat symptomatic health-care personnel who are proven to have pertussis or personnel who are highly suspected of having pertussis with the same antimicrobial regimen, as detailed for chemoprophylaxis of case-contacts.
3. Restrict symptomatic pertussis-infected healthcare workers from work during the first five (5) days of their receipt of antimicrobial therapy.
4. Health care workers with symptoms of pertussis who cannot or refuse to take antimicrobial therapy should be excluded from work for 21 days from onset of cough.

Work Exclusion of Asymptomatic Health-Care Workers Exposed to Pertussis

1. Do not exclude from patient care a health-care worker who remains asymptomatic and is receiving chemoprophylaxis after an exposure to a case of pertussis (i.e., by direct contact of one's nasal or buccal mucosa with the respiratory secretions of an untreated person who is in the catarrhal or paroxysmal stage of pertussis).
2. Where feasible, exclude an exposed, asymptomatic health-care worker who is unable to receive chemoprophylaxis from providing care to a child aged <4 years during the period starting 7 days after the worker's first possible exposure until 14 days after his last possible exposure to a case of pertussis.

**Other measures**

**Limiting patient movement or transport**

Limit the movement and transport of a patient with diagnosed or suspected pertussis from his/her room to those for essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk for disease transmission to other patients and contamination of environmental surfaces or equipment.

**Limiting visitors**

Do not allow persons who have symptoms of respiratory infection to visit the hospital.

**REFERENCES:**

1. CDC and HICPAC. Guidelines for Preventing Health-Care-Associated Pneumonia. 2003
2. CDC. 2005 Updates -Guidelines for the Control of Pertussis Outbreaks, 2005.
3. APIC Text of Infection Control and Epidemiology. Chapter 71: Bordetella pertussis, 2014.
4. Control of Communicable Diseases Manual. 20th Edition. Chin J. editor. APHA. 2014.
5. CDC, HICPAC. Guidelines for Infection Control in Hospital Personnel. 1998.
6. Red Book. Report of the Committee on Infectious Diseases. 2012.
7. Occupational Health, Chapter100, APIC Textbook, 20014
8. [Aerosol Transmissible Disease Exposure Control Plan](https://secure.compliance360.com/ext/hu41kihpaTi5ldTUrQjdqQ==)
9. CHLA policies

* [HR – 062.0 Influenza Vaccination](https://secure.compliance360.com/ext/yVKQHLYbmZCH21ZBSSCnXQ==)

**ATTACHMENTS:**

1. [IC – 309.1 Pertussis Background Information](https://secure.compliance360.com/ext/SybiQA-rz6J6nm9QRjYraA==)

**POLICY OWNER:**

*Director, Infection Prevention and Control*