



Health Alert



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Chicago Health Alert Network

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Pertussis Outbreak in Childcare Center: Provider Recommendations

SUMMARY AND ACTION ITEMS

- Healthcare providers may see an increase in the number of patients seeking evaluation, testing, prophylaxis or treatment for pertussis due to an ongoing outbreak at a Chicago area childcare center.
- Providers should ask for recent exposure to pertussis in patients presenting with cough for over 14 days.
- Pertussis vaccination history should not alter decision making to test or prescribe post-exposure prophylaxis.

Background:

Chicago Department of Public Health has identified a pertussis outbreak at **The Gardner School (2850 N Lincoln Ave)**. Six children 1-3 years of age have been diagnosed to date and approximately 100 individuals have been exposed over the past 2-3 weeks. Staff and parents of exposed children have been instructed to seek medical evaluation to receive either prophylaxis (if asymptomatic) or testing with treatment/prophylaxis (if symptomatic). Patients should be instructed to return to the childcare facility only when treatment is completed or prophylaxis has been initiated. Persons with pertussis are infectious from the beginning of the catarrhal stage (runny nose, sneezing, low-grade fever) through the third week after the onset of paroxysms (multiple, rapid coughs) or until 5 days after the start of effective antimicrobial treatment.

Recommendations:

Suggested Azithromycin dosing for prophylaxis or treatment: **0-5 months old** [10 mg/kg/day as a single dose for 5 days]; **6 months and older** [10 mg/kg as a single dose on day 1 (max dose: 500mg), then 5 mg/kg/day (max dose: 250mg) as a single dose on days 2 through 5]; **Adolescents and adults** [500 mg as a single dose on day 1, then 250 mg as a single dose on days 2 through 5]. For alternative therapies see [Clinical Guidelines for Testing and Treatment of Persons with Pertussis](#).

For Exposed Patients without Symptoms: Prescribe antibiotic prophylaxis. See above.

For Exposed Patients with Symptoms:

For patients coughing <21 days:

1. Collect nasopharyngeal swabs or aspirate for pertussis PCR testing.
2. Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis.
3. Provide documentation that verifies that the individuals are able to return to the daycare (this includes individuals for whom pertussis has been ruled out, children who have completed treatment or begun prophylaxis) and report any pertussis diagnoses to CDPH by calling 312-743-9000 or follow the instructions on www.chicagohan.org/pertussis.
4. Strongly consider antibiotic prophylaxis for all household members if a pregnant woman, an infant less than 12 months old, or anyone with a weakened immune system lives in the household or if the family has regular contact with any known pertussis cases.

For patients coughing ≥21 days:

1. Laboratory testing for pertussis is not necessary. CDC does not recommend laboratory testing after 3 weeks of cough since PCR and culture are only sensitive during the first 2 to 3 weeks of cough.
2. For most patients, antibiotic treatment is not required after 21 days of cough, with the exception of infants and pregnant women in their third trimester up through 6 weeks after cough onset.
3. The patient is no longer infectious and can return to school.

For all households: Administer Tdap to contacts 11 years or older who have not been previously vaccinated with Tdap, DTaP to contacts 2 months through 6 years who are not up-to-date, or refer for vaccination to a [CDPH walk-in immunization clinic](#).

Additional resources:

- For complete guidance on pertussis treatment and PEP: Centers for Disease Control and Prevention. [Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis](#): 2005 CDC guidelines. MMWR Recomm Rep. 2005;54(RR-14):1-16.
- Clinical and laboratory guidance: www.cdc.gov/pertussis.