

January, 2005 Updates – Guidelines for the Control of Pertussis Outbreaks, 2000

The CDC Guidelines for the Control of Pertussis Outbreaks, 2000 is currently under revision. The following list by chapter provides updated information that should replace material in the 2000 version. Future updates will be posted at <http://www.cdc.gov/nip/publications/pertussis/guide.htm> as they become available.

Protocol

See Chapter 3a: Updated guidelines on macrolides.

Chapter 2. Diagnostics and Laboratory Methods

1. Page 2-1. Culture for Isolation of B. Pertussis : paragraph 1.

Delete sentences: “Some investigators suggest incubating the transport medium before conveying the specimen to the laboratory to provide time for growth of *B. pertussis*. This approach may be helpful during the winter months.”^{4,5}

Chapter 3. Treatment and Chemoprophylaxis

1. **See Chapter 3a:** Updated guidelines on macrolides
2. Page 3-2. Dosage, Duration of Therapy, and Recommended Preparation. Paragraph 2. Line 1. Delete word “paroxysmal” so sentence reads

NEW: Initiating antimicrobial treatment in the patient after three weeks of cough has limited benefit except in high risk cases.

Chapter 4. Use of Pertussis Vaccines in Outbreaks

1. Page 4-2. Recommendations for Vaccination During Outbreaks: Paragraph 2. Delete paragraph 2, replace with the following:

NEW: Many experts currently recommend children (especially infants age <12 months) who have had a history of pertussis disease complete the routine childhood vaccination series for pertussis with DTaP. This is recommended because the duration of protection from pertussis disease is unknown and pertussis can be difficult to confirm, especially if methods from other than culture are used for diagnosis. At least one study found that infants (age <12 months) may have a suboptimal immune response following pertussis disease.¹ For children who have been diagnosed with pertussis and had either a positive culture for *B. pertussis* or a epidemiologic link to a culture-proven case-person, completing the vaccination series with DT instead of DTaP is an acceptable alternative.

¹ van der Zee A, Agterberg C, Peeters M, Mooi F, Schuekllekens J. A clinical validation of *Bordetella pertussis* and *Bordetella parapertussis* polymerase chain reaction: comparison of culture and serology using samples of patients with suspected whooping cough from a highly immunized population. *J. Infect Dis* 1996;174:89-96.

Chapter 9. Hospitals, Institutions and Clinics

1. **Page 9-4, Control Measures; 1. Treatment and Chemoprophylaxis Section b. Contacts:**
Line 6. Delete sentence: “Health-care workers who are close contacts of a pertussis case while wearing a mask should still receive prophylaxis.” Replace with the following:

NEW: Health-care workers who have appropriately followed standard and droplet precautions (including wearing a surgical mask) during close contact with cases do not require prophylaxis.

Ref:

Bolyard EA, Tablan OC, Williams WW, Pearson ML, Shapiro CN, Deitchmann SD.
Guideline for infection control in healthcare personnel, 1998. Hospital Infection Control Practices Advisory Committee. *Infect Control Hosp Epidemiol*. 1998 Jun;19(6):407-63.

CDC. Guidelines for Preventing Health-Care--Associated Pneumonia, 2003: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR* 2004;53(RR-3):1-36.