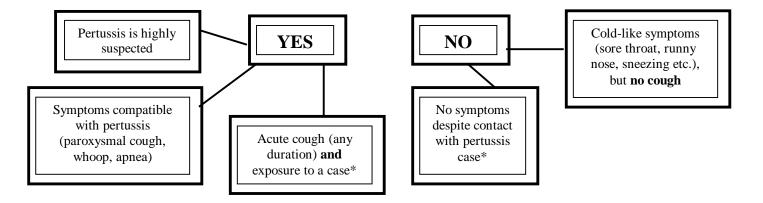
# Flow Chart for Pertussis Testing, Treatment and Chemoprophylaxis in an Outbreak Setting

(Revised October 10, 2001)

## **TEST PERSON?** (Note: confirm outbreak by $\geq 1$ culture-confirmed case)

(nasal aspirate or nasopharyngeal Dacron<sup>TM</sup> swab should be taken within 3 weeks of cough onset; innoculate on Regan Lowe or Bordet-Gengou plate or half-strength Regan-Lowe for transport)



#### Who gets TREATED\*\*

Erythromycin or Trimethoprim Sulfamethoxazole for 14 days and first five days off work or school

Persons with any of the following:

- Symptoms compatible with pertussis
- Acute cough AND exposure to case\*
- Acute cough AND PCR-positive
- Positive culture result

Persons aged >1 year: treat within 3 weeks cough onset

#### Who gets PROPHYLAXIS\*\*

Erythromycin or Trimethoprim Sulfamethoxazole for 14 days

- All close contacts to a case\* (especially in high risk settings such as hospitals, households with infants, etc.)
- Prophylaxis of additional contacts may be warranted in some settings
- Persons aged >1 year: prophylax within
  3 weeks of exposure to infectious case

### \*\* Dosage:

Erythromycin: (14 days)

Children: 40-50 mg/kg/day divided QID

Adults: 2 g/day divided QID

OR

Trimethoprim (T) Sulfamethoxazole (S) (Bactrim): (14 days)

Children: 8 mg/kg/day (T) and 40 mg/kg/day (S) divided BID Adults: 320mg/day (T) and 1600mg/day (S) divided BID

\*NOTE: A PCR-positive result in person without a cough is NOT a case.