Excerpt from: Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis 2005 CDC Guidelines

(MMWR December 9, 2005 / Vol. 54 / No. RR-14) http://www.cdc.gov/mmwr/PDF/rr/rr5414.pdf)

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BOX 3. Close contacts and postexposure prophylaxis - definitions

- A close contact of a patient with pertussis is a person who had face-to-face exposure within 3 feet of a symptomatic patient. Respiratory droplets (particles >5 μm in size) are generated during coughing, sneezing, or talking and during the performance of certain procedures such as bronchoscopy or suctioning; these particles can be propelled through the air for distances of approximately 3 feet.

- Close contacts also can include persons who:

    - Have direct contact with respiratory, oral, or nasal secretions from a symptomatic patient (e.g., cough, sneeze, sharing food and eating utensils, mouth-to-mouth resuscitation, or performing a medical examination of the mouth, nose, and throat)
    - Shared the same confined space in close proximity with a symptomatic patient for >1 hour

  Some close contacts are at high risk for acquiring severe disease following exposure to pertussis. These contacts include infants aged <1 year, persons with some immunodeficiency conditions, or other underlying medical conditions such as chronic lung disease, respiratory insufficiency, or cystic fibrosis

- Postexposure prophylaxis with an appropriate antimicrobial agent can be administered to close contacts of patients and to persons who are at high risk for having severe or complicated pertussis.

❖ *Additional recommendations for prophylaxis of healthcare personnel are available at: http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf*

Virginia has developed slightly different definitions for "close contact" based on experience with several large outbreaks. See page 6 of the Guideline for VDH definitions and additional information.

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TABLE 4. Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group

	Primary agents			Alternate agent*
Age group	**Azithromycin**	**Erythromycin**	**Clarithromycin**	**TMP-SMZ**
<1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available.)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety data unavailable)	Contraindicated for infants aged <2 months (risk for kernicterus)
1–5 months	10 mg/kg per day in a single dose for 5 days	40–50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at age <2 months. For infants aged >2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (aged >6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

* Trimethoprim sulfamethoxazole (TMP–SMZ) can be used as an alternative agent to macrolides in patients aged >2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of *Bordetella pertussis.*