

Pertussis - Treatment and Prophylaxis

Antimicrobials are recommended for both treatment of pertussis cases and prophylaxis of case contacts. The same regimen is used for both.

- Cases should be treated as early in the course of illness as possible. Because pertussis is toxin-mediated, symptoms do not necessarily resolve with treatment. If treatment is started early in the course of illness (during the catarrhal stage), symptoms may be lessened. Cases will become noninfectious after completing five days of antibiotic treatment. Treatment initiated more than three weeks after onset of illness is of no value because viable organisms are no longer present.
- Close contacts of pertussis cases may be treated with antimicrobials to prevent infection. Prophylaxis should be initiated as soon as possible within 21 days (the maximum incubation period for pertussis) of exposure to an infectious case.

NOTE REVISED RECOMMENDATIONS: All three macrolides are now considered equally appropriate as first line agents for the treatment or prophylaxis of pertussis for persons 6 months of age and older. See specifics for infants < 6 months.

Table 1. Antibiotic Treatment and Prophylaxis

DRUG	INFANT (< 6 months of age)	CHILD (≥ 6 months of age)	ADULT
Azithromycin ^{1,4} (3-day course not yet approved for treatment of pertussis)	1-5 months: 10 mg/kg/day orally daily for 5 days <1 month of age: same as above and is the preferred choice for infants <1 month old	10 mg/kg/day orally on the first day (maximum 500 mg), 5 mg/kg once daily on days 2-5 (maximum 250 mg/day)	500 mg orally on the first day, 250 mg once daily on days 2-5
Clarithromycin ^{2,4} Not recommended for use in pregnant women	Not recommended for use in infants < 6 months of age; see child dose for infants ≥ 6 months of age	15 mg/kg/day orally divided into 2 doses/day for 7 days (maximum 1 g/day)	500 mg twice daily for 7 days
Erythromycin ^{1,3,4}	Estolate preparation preferred if available 1-5 months: 40-50 mg/kg/day orally divided into 4 doses/day for 14 days (maximum 2 g/day) <1 month of age: same as above, but should only be used as an alternate drug. Drug use is associated with elevated risk of IHPS	40-50 mg/kg/day orally divided into 4 doses/day for 14 days (maximum 2 g/day)	2 g/day orally divided into 4 doses/day for 14 days
Trimethoprim-Sulfamethoxazole ^{2,4} For those not able to tolerate macrolides. Not recommended for use in pregnant or nursing women	Not recommended for use in children < 2 months of age; see child dose for infants ≥ 2 months of age	8 mg TMP/40 mg SMX/kg/day orally divided into 2 doses/day for 14 days (maximum 320mg TMP/1600mg SMX/day)	320 mg TMP/1600 mg SMX per day orally divided into 2 doses/day for 14 days

¹ FDA Pregnancy Category B drug

² FDA Pregnancy Category C drug

³ Some authorities prefer the estolate preparation for children but recommend avoiding its use in adults and pregnant women

⁴ Source: Centers For Disease and Control (CDC): Recommendations for Pertussis Treatment and Prophylaxis – January 2005. Posted on CDC's website July 2005 at <http://www.cdc.gov/nip/publications/pertussis/guide.htm>

