## 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 5 days of antibiotic treatment. Treatment initiated more than 3 weeks after onset of illness is of no value because viable organisms are no longer present.

- **In certain situations, 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. Special emphasis for prophylaxis should be placed on:
  - **Household members.**
  - **Persons at high risk for severe pertussis:** Infants <12 months, pregnant women (especially those in the third trimester), and those with a pre-existing condition that may be exacerbated by a pertussis infection.
  - **Persons in contact with those at high risk for severe pertussis.**
  - **Health care workers who have unprotected exposure and are likely to expose those at high risk for severe pertussis.**
  - **Other situations as appropriate in limited settings and recommended by public health.**

### Antibiotic treatment and prophylaxis

Note: All three macrolides are 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>
<thead>
<tr>
<th>Drug</th>
<th>Infant (&lt;6 months of age)</th>
<th>Child (&gt;6 months of age)</th>
<th>Adult</th>
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</thead>
</table>
| **Azithromycin**<sup>1,4</sup> (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**<sup>2,4</sup>  
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**<sup>1,3,4</sup>  
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 | Not recommended for use in children <2 months of age; see child dose for infants >2 months of age | 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**<sup>2,4</sup>  
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 320 mg TMP/1600 mg SMX/day) | 320 mg TMP/1600 mg SMX per day orally divided into 2 doses/day for 14 days |
Footnotes

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.


www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm

Vaccine-Preventable Disease Section
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www.health.state.mn.us/pertussis

To obtain this information in a different format, call: 651-201-5414.