Pertussis Advisory
For Schools
Thursday, January 15, 2015

This is to advise you that one student at your child’s school has pertussis. Your child may have been exposed. You should be aware of the signs and symptoms of pertussis, know what to do and when to keep your child home. If you contact your health care provider, please share this information with him or her.

What is pertussis and its symptoms?

Pertussis is a bacterial infection that affects the lungs and breathing passages. It is spread from person to person by close contact. Pertussis is also known as “whooping cough” because of the “whoop” sound that children or other patients sometimes make during coughing. Pertussis usually starts with cold-like symptoms, such as coughing, sneezing, and a runny nose. The dry cough can last one to six weeks or more, and the coughing fits can result in trouble breathing. It is often diagnosed after a cough lasts more than one to two weeks.

The cough is usually not harmful to adults and older children, but can be dangerous for babies. Sometimes children have a hard time catching their breath. It is not unusual for children to spit up, vomit, or be exhausted after coughing. Infants might also have breathing problems or develop serious medical conditions such as pneumonia, seizures, and brain damage.

How is pertussis spread?

The germs that cause pertussis live in the nose, mouth, and throat and are spread directly through droplets when an infected person sneezes, coughs, or breathes. Close contacts can get infected when these droplets land and enter another person’s mouth, nose, or eyes. The disease can spread during the cold-like symptom stage and for at least two weeks after coughing starts. The first symptoms usually appear 7 to 10 days after a person is exposed, but sometimes people do not get sick for up to 21 days later.

How is pertussis diagnosed?

A doctor may think a patient has pertussis based on his/her symptoms; however, a lab test is the only way to be sure. A culture is taken by swabbing the back of the nose.

How can pertussis be prevented?

Vaccination is the best way to protect your child and others from getting pertussis. The pertussis childhood vaccine is called DTaP, and the pertussis booster vaccine for adolescents and adults is called Tdap. Both vaccines provide immunity against tetanus, diphtheria, and pertussis. Tdap is now required for all students entering Grade 7 in Rhode Island schools because immunity from early childhood pertussis shots typically goes away by late childhood. Pregnant women should get the Tdap vaccine during the third trimester of each pregnancy (after 27 weeks). If they have not been vaccinated during the pregnancy, then they should receive a dose of Tdap before they leave the birthing hospital. Pertussis is very harmful to babies. Everyone around them needs to be vaccinated to surround them with protection.
What should parents do?

If your child is **coughing**, please contact your child’s healthcare provider for evaluation and testing for pertussis and bring this advisory with you. **If the healthcare provider thinks your child has pertussis and/or prescribes treatment**, keep your child home from school and all activities until he/she has completed five days of antibiotics (even if test results are not back yet). If the healthcare provider does not suspect pertussis is the cause of your child’s symptoms, your child may return to school and all other activities.

If your child is **not coughing but DOES have a weakened immune system or DOES live with a high risk individual** (defined as an infant under 12 months, a pregnant woman in her third trimester, or anyone with a weakened immune system), preventive antibiotics are recommended for your child to prevent illness and to prevent pertussis from spreading. To obtain preventive antibiotics for your child please contact your child’s healthcare provider to share this advisory.

If your child is **not coughing and DOES NOT have a weakened immune system and DOES NOT live with a high risk individual** as defined above, no preventive antibiotics are recommended. Please continue to monitor your child for symptoms over the next three weeks.

What should clinicians do?

For exposed patients who have been coughing for **21 days or less**:
Collect nasopharyngeal swabs for pertussis PCR testing and culture. Call the RI State Lab for testing supplies. Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis. Strongly consider antibiotic prophylaxis (prior to test results) for all household members if a pregnant woman, an infant less than 12 months old, or anyone with a weakened immune system lives in the household.

For exposed patients who have been coughing for **more than 21 days**:
Testing for pertussis is not recommended. Testing after 3 weeks of cough is of limited benefit since PCR and culture are only sensitive during the first 2-3 weeks of cough when bacterial DNA is still present in the nasopharynx. The patient is no longer infectious and can return to school/community/activities. Treatment is no longer necessary after 21 days, with the following exceptions: infants and pregnant women in their third trimester should be treated through 6 weeks after cough onset.

For all households:
Administer Tdap vaccine to contacts 11 years and older who have not been previously vaccinated with Tdap. Administer age appropriate vaccinations for children less than 11 years of age according to the current schedule. Antibiotic treatment and/or prophylaxis can be done at the same time as vaccination.

Additional clinical and laboratory guidance may be found at [http://health.ri.gov/publications/guidelines/treatmentmanagementandreporting/Pertussis.pdf](http://health.ri.gov/publications/guidelines/treatmentmanagementandreporting/Pertussis.pdf) and on the CDC website at [http://www.cdc.gov/pertussis](http://www.cdc.gov/pertussis).

If you have any questions, please call the school nurse, Tracey Bradley, at (401) 435-7806 or the Rhode Island Department of Health at (401) 222-2577.