Flow Chart for Pertussis Testing, Treatment and Chemoprophylaxis in an Outbreak Setting
(Revised October 10, 2001)

**TEST PERSON?** (Note: confirm outbreak by >1 culture-confirmed case)
(nasal aspirate or nasopharyngeal Dacron™ swab should be taken within 3 weeks of cough onset; inoculate on Regan Lowe or Bordet-Gengou plate or half-strength Regan-Lowe for transport)

- **Pertussis is highly suspected**
  - Symptoms compatible with pertussis (paroxysmal cough, whoop, apnea)
  - Acute cough (any duration) and exposure to a case*

- **YES**
  - Pertussis is highly suspected

- **NO**
  - Cold-like symptoms (sore throat, runny nose, sneezing etc.), but **no cough**
  - No symptoms despite contact with pertussis case*

---

**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.