



Pertussis is Peaking: Take Action!

Think pertussis

Consider the diagnosis of pertussis in your patients and their close contacts
Young infants: The diagnosis of pertussis is often delayed or missed because of a deceptively mild onset of runny nose. There usually is no fever. Cough may be undetectable or mild. Illness may present as apnea, hypoxia or seizures. After a few days, mild illness may suddenly transform into respiratory distress. A white blood cell count of $>20,000$ cells/mm³ with $>50\%$ lymphocytes is a strong indication of pertussis.

Adolescents and adults: Most cases are not diagnosed. A misdiagnosis of bronchitis or asthma is common. The patient may report of episodes of a choking sensation or of sweating. Leukocytosis/lymphocytosis is not likely to occur in this population.

Test for pertussis

Delays in recognition of pertussis may contribute to adverse clinical outcomes
Obtain nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture promptly.

Treat for pertussis

Delays in treatment before or after hospitalization may increase the risk of fatal illness

Young infants: Because pertussis may progress rapidly in young infants we suggest that you treat suspected and confirmed cases promptly with azithromycin, monitor them very closely, and consider hospitalization in a facility that has direct access to intensive care (especially if the infant is <3 months of age). Almost all fatal cases have extreme leukocytosis with lymphocytosis, pneumonia, and pulmonary hypertension.

Reduce Transmission

Report pertussis —Prompt reporting supports prevention and control efforts
Report suspected and confirmed cases of pertussis promptly to your local public health department to assist in preventing additional cases.

Prevent pertussis —Assess pertussis immunization status, and use every patient encounter to vaccinate

—All close contacts to infants and all health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as age appropriate.

—Vaccinate for pertussis at the earliest opportunity, especially during hospitalization for giving birth and at clinic visits for wound management, checkups or acute care.

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