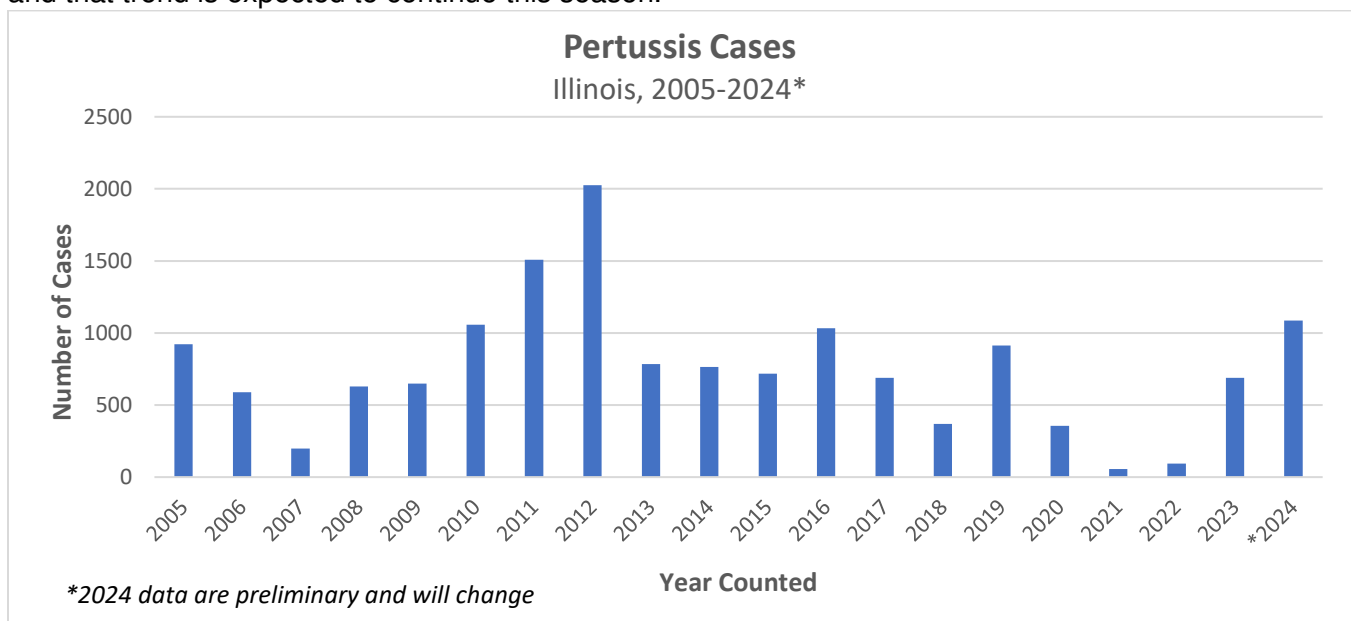


## Summary and Action Items

- Alert public health partners that pertussis rates are increasing and to remain vigilant in identifying and reporting pertussis cases within 24 hours of diagnosis.
- Remind schools to implement school vaccination requirements for pertussis and report cases and outbreaks occurring within their school to their local health department.
- Recommend, when pertussis is suspected, confirmatory testing with nasopharyngeal (N/P) swab for PCR and/or culture.
- Encourage providers to review patient immunization records during visits and consider DTaP or Tdap booster, if indicated, and identify and treat close contacts ([see guidance for specific recommendations](#)) with pertussis prophylaxis and confirm they are up to date on their pertussis immunization.
- Continue to counsel patients and administer pertussis vaccination as per the Advisory Committee on Immunization Practices [recommendations](#).

## Background

The Illinois Department of Public Health (IDPH) has observed an increase in pertussis cases as compared to reported pertussis cases since 2016. Public health officials expect cases of pertussis and other vaccine-preventable diseases to continue to rise to pre-pandemic levels. As of 9/26/2024, there have been 1,087 confirmed and probable cases of pertussis reported in Illinois in 2024 (data are preliminary and can change). In previous years, outbreaks reported in school settings were common and that trend is expected to continue this season.



## Illinois Department of Public Health

## Diagnosis and Treatment:

Schools, healthcare providers, and local health departments should remain vigilant in monitoring for cases and [outbreaks](#), obtaining or recommending appropriate testing, and reporting pertussis and other vaccine-preventable diseases to their local health departments. The preferred method of testing to diagnose pertussis is RT-PCR by NP swab or a culture confirmation. Many commercial laboratories offer testing.

Recommended antimicrobial agents for [treatment](#) of cases include azithromycin, clarithromycin, and erythromycin. There is not enough safety data to recommend use of clarithromycin in infants < 1 month. Trimethoprim-sulfamethoxazole can be used, as an alternative, in persons two months of age and older. Duration of therapy is based on the antimicrobial used and age of the pertussis case. Patients with suspected pertussis should stay home until 5 days of antibiotic treatment has been completed.

## Prevention:

Vaccination is the most effective preventative measure against pertussis infection. Providers should make sure their patients are up to date on their [immunizations](#) including Tdap. Providers are encouraged to not miss any opportunity to vaccinate those over 65 years. Pertussis component containing vaccinations are part of the [minimal requirements for children entering or enrolling in child care facilities or schools in IL](#).

[Post-exposure antimicrobial prophylaxis \(PEP\)](#) may be also considered for specific close contacts. Please contact your local health department for additional guidance on PEP. To prevent further spread of disease in congregate settings, it is very important to recommend individuals with symptoms be excluded from work, school, or childcare while completing a pertussis work-up and until 5 days of antibiotic treatment has been completed as mentioned above.

Encourage all patients to always:

- Cover their mouth and nose when coughing or sneezing.
- Wash their hands with soap and water or use alcohol-based sanitizer often.
- Not share foods, drinks or anything that will go in the mouth.

## Reporting:

Schools and healthcare providers should notify their local health department if they become aware of a suspected or confirmed case of pertussis in both students, patients, or staff. In Illinois, a pertussis outbreak is defined as 5 or more cases of pertussis linked by time and place (i.e., school or other congregate setting). Outbreaks should also be reported promptly to the local health department so control measures can be put in place to stop the spread. All pertussis cases are individually reportable to the local health department within 24 hrs. of diagnosis.

## Additional Resources & References:

- [IDPH Notifiable Diseases and Conditions Control and Immunizations \(77 Ill. Adm. Code Part 690 Control of Notifiable Diseases and Conditions Code\)](#)
- [IDPH Notifiable Diseases and Conditions Control and Immunizations \(77 Ill. Adm. Code Part 690 Control of Notifiable Diseases and Conditions Code Section 690.750 Pertussis\)](#)
- [CDC VPD Surveillance Manual – Pertussis Chapter](#)

**Target Audience:** Healthcare Providers, Emergency Departments, Infection Preventionists, Local Health Departments, School Nurses

## Date Issued

September 30, 2024