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To: Local Health Departments

From: Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist
For Communicable Diseases

Subject: 2005 CDC Pertussis Treatment Guidelines

The Center for Disease Control and Prevention (CDC) have issued their updated recommendations for the use of antimicrobials for the treatment and postexposure prophylaxis of pertussis in the December 9, 2005 issue of Morbidity and Mortality Weekly Report (MMWR). A complete copy of the MMWR can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>.

These recommendations supersede the recommendations that were issued by the Division of Public Health in their pertussis protocols sent out on July 15, 2005. Attached to this memo is a table that summarizes the new treatment/prophylaxis guidelines. Please share these guidelines with healthcare professionals who are responsible for management of pertussis. These documents will be posted on the WI Immunization website at: <http://dhfs.wisconsin.gov/immunization/index.htm>

In addition, included in this mailing is an updated pertussis fact sheet. This fact sheet includes information about the new Tdap vaccine recommendations for adolescents.



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Table 1

Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group

Age group	Azithromycin	Primary agents		Alternate agent* TMP-SMZ
		Erythromycin	Clarithromycin	
<1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available.)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety data unavailable)	Contraindicated for infants aged <2 months (risk for kernicterus)
1–5 months	10 mg/kg per day in a single dose for 5 days	40–50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at age <2 months. For infants aged >2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (aged >6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

* Trimethoprim sulfamethoxazole (TMP–SMZ) can be used as an alternative agent to macrolides in patients aged >2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of *Bordetella pertussis*.