Treatment of *Bordetella pertussis*

Antibiotic therapy in the catarrhal and early paroxysmal stages may ameliorate symptoms. Transmission of the organism to susceptible contacts may also be minimised with antibiotics.

Chemoprophylaxis is only useful if commenced within 21 days of onset of symptoms or within 14 days of onset of paroxysmal cough in the patient.

Patients should avoid contact with others, especially young children or infants, until antibiotic therapy has been taken for at least 5 days.

Treatment includes:

Azithromycin 500 mg (child 6 months or more: 10 mg/kg up to 500 mg) orally on day 1, then 250 mg (child 6 months or more: 5 mg/kg up to 250 mg) orally for a further 4 days, or child less than 6 months: 10 mg/kg orally, daily, for 5 days.

Clarithromycin 500 mg (child more than 1 month: 7.5 mg/kg up to 500 mg) orally, 12-hourly, for 7 days.

A suitable alternative if required:

Trimethoprim + sulphamethoxazole 160 + 800 mg (child: 4 + 20 mg/kg up to 160 + 800 mg) orally, 12-hourly, for 7 days.

There is no clinical evidence to support roxithromycin for the treatment of pertussis.

Pertussis Chemoprophylaxis:

Prophylaxis (same as treatment course) should be limited to close contacts that include infants < 6 months of age or high risk contacts who may transmit infection to these patients.

This includes:

- All household contacts, regardless of vaccination status, when the household contains any incompletely vaccinated child , < 6 months of age or woman in the last month of pregnancy.
- Child care contacts (incompletely vaccinated children or staff who have not had a pertussis containing vaccine for 10 years) where there is an incompletely vaccinated child , < 6 months of age in the room of the index case.

Note that prophylaxis is not beneficial if started > 3 weeks after contact with infectious patient.

Source: *CDNA National Guidelines for Public Health Units, 2015*