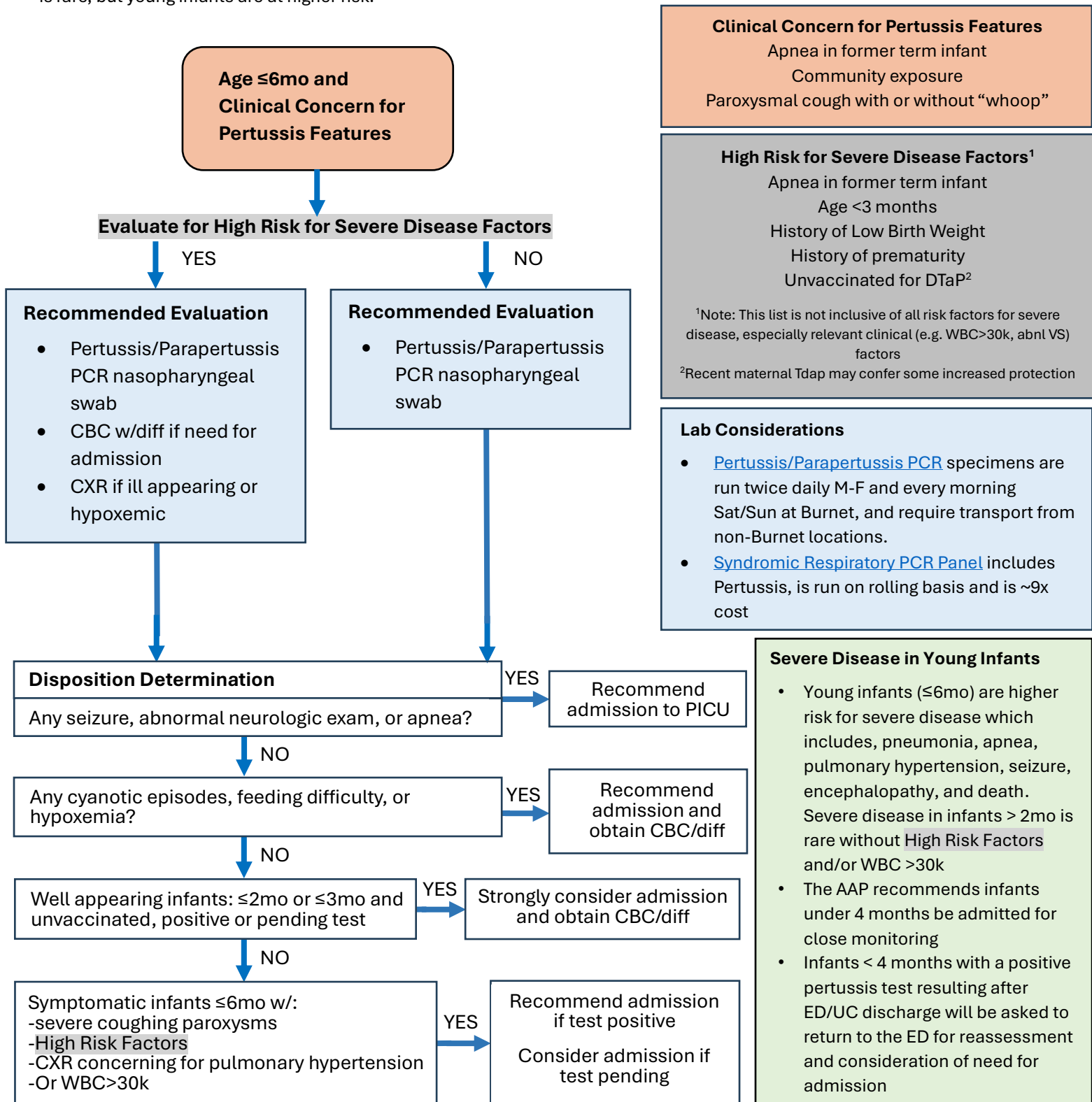


Infantile Pertussis: Risk Assessment, Testing and Treatment

Background: Pertussis is a highly contagious infection caused by *Bordetella pertussis* or *Bordetella parapertussis*, with the former associated with more severe disease. It primarily affects the respiratory system but can rarely include multiorgan involvement. Infection typically begins with cold-like symptoms and progresses to coughing paroxysms which can last for weeks to months. Infants under 3 months of age are more likely than older patients to present with concern for apnea. Severe disease is rare, but young infants are at higher risk.



For patients admitted to Acute Care floors with confirmed Pertussis:

- Management
 - Support hydration especially if WBC>30k due to risk of hyperviscosity related endothelial damage
 - Recommend continuous monitors for at least the first 12-24 hours to evaluate for desaturations and apnea
 - Strongly consider escalation of care if apnea, rapid doubling of WBC, WBC>50k (threshold to consider leukofiltration), seizure or abnormal neurologic exam
- Labs or Testing
 - Recommend repeat WBC by 24-48 hours following presentation. Consider earlier if deteriorating clinical condition as rapid increase is associated with worse outcomes
 - Consider CXR if hypoxemia, ill appearance, or clinically worsening due to association of pulmonary hypertension with need for PICU admission
- Treatment
 - Recommend treatment with azithromycin regardless of day of illness and counseling for post-exposure prophylaxis for contacts