

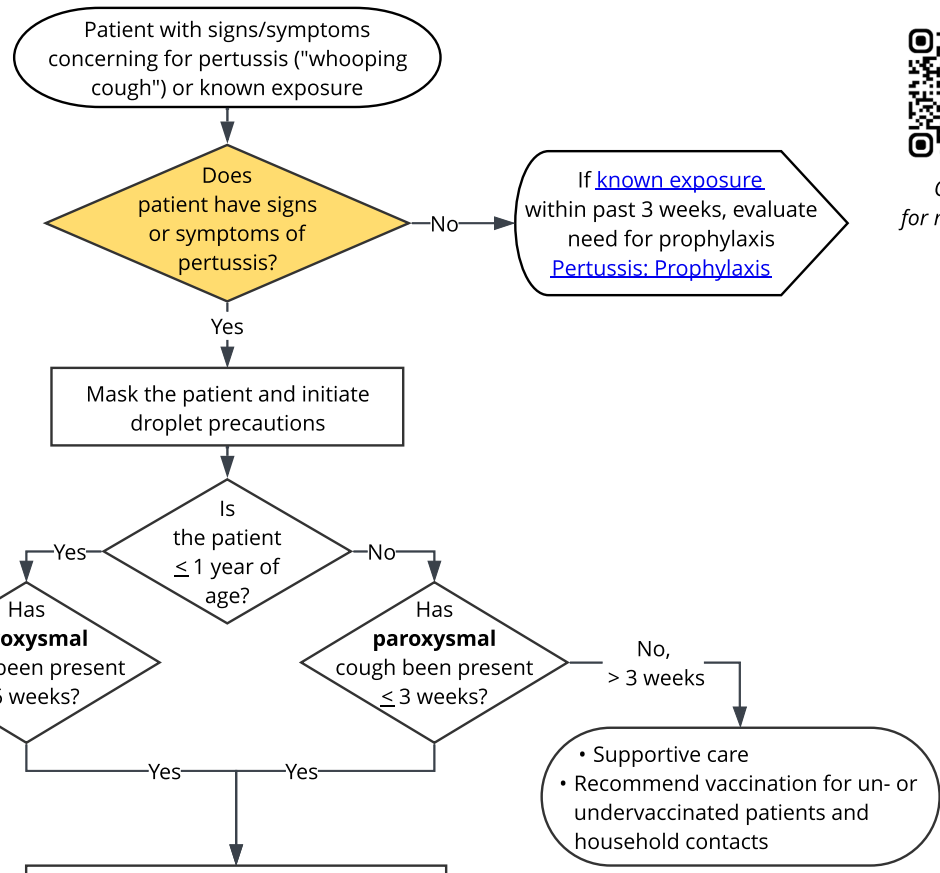


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**Common signs/symptoms concerning for pertussis:**

- Paroxysmal cough: Uncontrollable fits of coughing followed by long inspiratory effort with a high-pitched "whoop"
- Apnea (in infants)
- Cyanosis
- URI symptoms > 1 week and persistent non-productive cough that gradually becomes more severe
- Post-tussive vomiting

Note: Higher suspicion in un- / under vaccinated patients



**Antibiotic Treatment:**

- [Antibiotic table for dosing and special considerations](#)

**Possible risk factors for severe or complicated disease:**

- Age < 12 months
- Un- or undervaccinated
- Premature birth
- Underlying condition that may be exacerbated by pertussis (e.g. moderate-severe asthma)
- Immunocompromised
- Presence of apnea or cyanosis
- Concurrent pneumonia
- Inability to feed

**Discharge Instructions:**

- If test is pending, patient MUST isolate (stay home) until results are reported
- Household members and possibly other contacts may need PEP to prevent spread of disease ([see Pertussis: Prophylaxis](#))
- Recommend vaccination for patient and family members if un- or undervaccinated
- Custom discharge instructions can be found in Epic

**Testing**

- Pertussis PCR is more sensitive than the RP panel and is the preferred test when pertussis is clinically suspected
- [Collection instructions at CM](#)
- Results at CM are typically available within 24 hours

**Empiric Antibiotic Treatment**

*Starting treatment is recommended, especially if:*

- Clinical history is strongly suggestive of pertussis - **or**
- Patient is at **high risk** for severe or complicated disease - **or**
- Patient will have contact with someone at **high risk** for severe or complicated disease

*If treatment is not started for any reason, a **SNAP** prescription should be sent home with family*

While PCR is pending, consider providing **SNAPS** for PEP of household members and possibly other exposed individuals ([see Pertussis: Prophylaxis](#))

- Disposition determined by clinical status (e.g., comorbidities, apnea, cyanosis, feeding difficulties)
- When stable for discharge, [provide discharge instructions](#)
- Follow-up pending pertussis PCR

**If pertussis PCR result is positive:**

- Continue/begin antibiotic treatment
- Home isolation is generally recommended for 5 days from first dose of antibiotic
- Patient may return to school or workplace after 5 days of antibiotic use unless otherwise directed
- Recommend PEP for household members and possibly other contacts. ([see Pertussis: Prophylaxis](#))
- Individuals receiving PEP do **not** need to isolate unless they become symptomatic

Note: Parapertussis typically does not require treatment but could be considered for patients who are infants, immunocompromised, elderly or based on other clinical judgement. Isolation and PEP is not required for parapertussis.

**If pertussis PCR result is negative:**

- Household contacts do not need prophylaxis
- Decision to continue antibiotics should be based on clinician discretion

**Abbreviations:**

URI = upper respiratory infection  
 PEP = post exposure prophylaxis  
 SNAP = safety-net antibiotic prescription

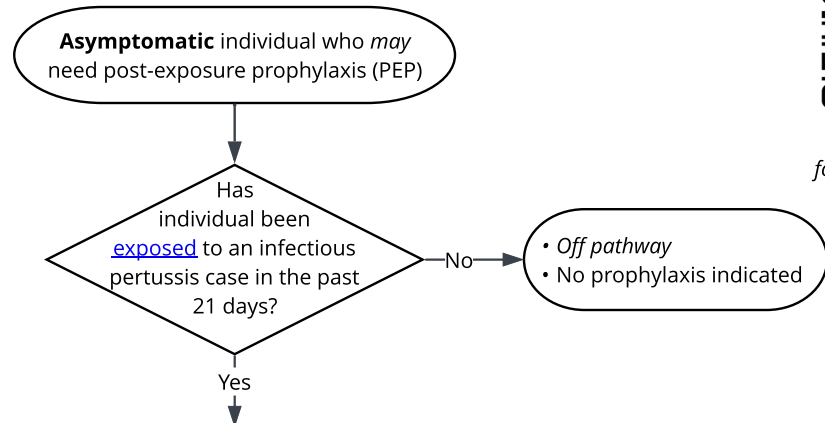
This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2026. All rights reserved.

**Exclusion criteria:**

- Signs or symptoms of pertussis (refer to [Pertussis: Treatment](#))



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**Prophylaxis is recommended if:**

- Individual is a household contact of a pertussis case
- Individual is **high risk** or will have contact with someone at **high risk** for severe or complicated disease
- Individual works in a high risk setting such as NICU, daycare, or maternity ward - **or** - is pregnant in the third trimester

*If Pertussis PCR for symptomatic contact is pending, consider **SNAPs** for PEP of exposed individuals. Educate patient(s) that prophylaxis will need to be started if test results are positive.*

- PEP is also needed for additional close contacts/family members.
- If prescriptions are not provided at the time of the visit, instruct these individuals to contact their primary care physician or local health department as soon as possible for their PEP.
- This [questionnaire/tracking form](#) may be helpful for documenting prescriptions for individuals not registered in EHR.

**Antibiotic Prophylaxis:**

- [Antibiotic table for dosing and special considerations](#)

- Additional Instructions**
- Individuals receiving PEP do **not** need to isolate unless they become symptomatic
  - Individuals receiving PEP who become symptomatic should isolate and contact their primary care provider or local health department as soon as possible for further instructions
  - Recommend vaccination for patient and family members if un- or undervaccinated
    - Custom discharge instructions can be found in Epic

**Local Health Department Contact Information**

Missouri (MO)

- 573-751-6113 or 800-392-0272 (after hours)
- [MO county websites](#)

Kansas (KS)

- 877-427-7317 (24/7)
- [KS county websites](#)

**Abbreviations:**

PEP = post exposure prophylaxis  
 SNAP = safety-net antibiotic prescription  
 EHR = electronic health record