

PERTUSSIS ENCOUNTER FORM: COMMUNITY EXPOSURE

Patient Name: _____ Date: _____ Date of Birth: _____

Review chart Exposed individual notifies our office of a pertussis exposure in the community.

Exposure Info: By whom: _____ Where: _____ When: _____

Is the exposed individual our established patient?

No: Refer to primary care physician for preventive treatment using the Centers for Disease Control & Prevention Letter of Guidance for Parents and Clinicians during Pertussis Outbreaks. <http://www.cdc.gov/pertussis/outbreaks/guidance-letter.html>

Yes: Is the patient newly symptomatic (congestion, runny nose, fever, cough) since the exposure?

Yes Describe: whoop paroxysmal prolonged cough post-tussive emesis apnea
 other: _____

Schedule medical evaluation for testing AND empiric treatment. See EHR visit for documentation.

For confirmed cases, notify state Department of Health according to National Notifiable Disease Surveillance System.

No Treat asymptomatic contacts of a pertussis case with onset in previous 21 days empirically.

Target high-risk persons: Household contacts, infants, pregnant women in third trimester, patients with pre-existing health conditions, asthma, or immunocompromised individuals.

If patient has not been previously vaccinated, or has not received one booster between ages of 19 and 64 or after the age of 65, schedule an appointment to receive DTaP if younger than six or Tdap if seven or older once course of antibiotics has been completed.

Does the patient have antibiotic allergies?

No Yes If yes, list: _____

Inform patient of treatment options and select prophylactic treatment:

First-line treatment

- Azithromycin (Z-pack): As directed for five days. Disp#1 Ref#0. *Treatment of choice in pregnant or nursing mothers
- Clarithromycin XL 500 mg: Two tablets by mouth every day for seven days. Disp#14 Ref#0.
- Erythromycin 500 mg: One tablet by mouth every six hours for 14 days. Disp#56 Ref#0.

Second-line treatment for macrolide-allergic patients:

- Trimethoprim-Sulfamethoxazole DS (TMP = 160 mg per tablet): One tablet by mouth twice daily for 14 days. Disp#28 Ref#0.
*Avoid in pregnant or nursing mothers

Third-line treatment:

- Doxycycline 100 mg: One tablet by mouth twice daily for 14 days. Disp#28 Ref#0.
- Levofloxacin 500 mg: One tablet by mouth daily for seven days. Disp#7 Ref#0.

Pediatric Dosing: Weight = _____ kg

- Azithromycin suspension: Preferred treatment for pediatric patients.
 - Infants < six months: 10 mg/kg/day orally, once daily for five days.
 - Infants and children \geq six months: 10 mg/kg/day (max 500 mg) once daily on first day, 5 g/kg/day (max 250mg) on days two - five.
- Clarithromycin suspension: Infants > one month: 15 mg/kg/day (max 1 g/day) orally, in two divided doses for seven days.
- Erythromycin ethylsuccinate: Infants > one month: 40-50 mg/kg/day (max 2 g/day) orally, in four divided doses for 14 days.
- TMP-SMZ suspension: Infants > two months: 8 mg/kg/day TMP, 40 mg/kg/day SMZ orally, in two divided doses for 14 days.

Prescription:

- eRx sent to pharmacy.
- Asymptomatic patient advised to be evaluated if symptoms develop.
- Discussed pertussis infection. All patient's questions were answered.

Staff signature _____

Physician signature _____

MD/DO/CRNP/PA-C



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