Pharmacist's Letter
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Reduce Pertussis Rates With Vaccination and Antibiotics

Questions will come up about **proper vaccination and antibiotics for pertussis**...since US cases in 2024 climbed past pre-pandemic levels.

We know pertussis is most serious in infants under 1 year old...and can lead to hospitalization and death.

Cases decreased during the COVID-19 pandemic. But the recent rebound to 2019 levels may be due to waning immunity after vaccination.

Review latest immunization guidance. Expect kids to need pertussis vaccine at the same time as most tetanus immunizations...since it's combined with tetanus vaccine (DTaP, Tdap, etc).

Advise nonpregnant adults to get at least 1 Tdap dose at age 19 or over...followed by Td or Tdap boosters every 10 years. Also advocate a single Tdap dose at age 65 or over.

For pregnant patients, advise a Tdap dose in the third trimester of EVERY pregnancy regardless of past doses.

Reserve DTaP...even in combo vaccines...for patients under age 7. Older patients should only receive Tdap. To help remember, think about the capital "T" in "Tdap" as meaning it should be used in TALL patients.

Anticipate antibiotics for post-exposure prophylaxis and treatment. These are needed regardless of patient vaccination history.

Be aware of post-exposure prophylaxis recommendations. For example, household members should start prophylaxis within 21 days after the contagious patient began coughing.

Expect to start treatment antibiotics ASAP to limit spread...and symptom severity. Ideally begin within 3 weeks from cough onset...or within 6 weeks for pregnant patients OR kids less than 1 year old.

Keep in mind that antibiotic choices and regimens are the same for prophylaxis and treatment.

Recommend azithromycin daily for 5 days first-line. Other macrolides have more age limits, GI side effects, and longer courses.

Turn to trimethoprim/sulfamethoxazole bid for 14 days as an alternative for patients 2 months and up with a macrolide allergy.

Encourage nondrug options for cough...humidifiers, up to 2 tsp of honey prn for kids over age 1, etc. But steer patients away from OTC antitussives. Evidence is limited and they may cause harm in kids.

Key References:

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https://www.cdc.gov/pertussis/php/surveillance/index.html (Accessed November 11, 2024).

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