



Guidance on the Treatment and Prophylaxis of Pertussis Cases and Contacts

Communicable Disease Epidemiology Program

CDPHE RECOMMENDED REGIMENS FOR TREATMENT OR PROPHYLAXIS OF PERTUSSIS				
Preference	Drug	Age Group	Dosage	Duration
1st choice(s):	Azithromycin (Zithromax)	< 1 month ⁺	10 mg/kg in single dose <i>(Preferred drug; limited safety data available)</i>	5 days
		1 – 5 months	10 mg/kg in single dose	5 days
		≥ 6 months	10 mg/kg in single dose on day 1 (maximum =500mg) and then 5 mg/kg in single dose (maximum=250mg) on days 2-5	5 days
	Clarithromycin (Biaxin)	< 1 month ⁺	Not recommended <i>(Safety data unavailable)</i>	NA
		≥ 1 month	15 mg/kg/day in 2 divided doses (maximum 500mg/dose)	7 days
2nd choice:	Erythromycin	< 1 month ⁺	<i>Not usually recommended, use associated with increased risk of IHPS*. Only use as alternate drug for infants < 1 month using same dosage and duration listed for ≥ 1 month of age.</i>	NA
		≥ 1 month	40-50 mg/kg/ day in 4 divided doses (maximum 2 gm/day)	14 days
3rd choice:	Trimethoprim- sulfamethoxazole (Bactrim or Septra)	< 2 months	<i>Should not be used due to risk of kernicterus.</i>	NA
		≥ 2 months [†]	8 mg/kg/day of trimethoprim (maximum =320mg), sulfamethoxazole 40mg/kg/day (maximum =1600) in 2 divided doses.	14 days

⁺ All infants < 1 month of age who receive any macrolide should be monitored for development of IHPS.

* Infantile hypertrophic pyloric stenosis.

[†] Trimethoprim-sulfamethoxazole should not be given to pregnant women, nursing mothers or infants < 2 months of age due to the risk of kernicterus.

For purposes of release from isolation, 5 days of treatment is required. The release from isolation assumes 100% compliance. The dosages as provided above should be used.

Note: Please refer to the Physicians' Desk Reference (PDR) or a pharmacist for information regarding contraindications to these antibiotics.

Reference

Centers for Disease Control and Prevention. Recommended Antimicrobial Agents for the Treatment and Prophylaxis of Pertussis, 2005 CDC Guidelines. **MMWR** 2005; 54 (No. RR-14): 1-16.