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## GENERAL PERTUSSIS INFORMATION

According to Communicable Disease Control the following diagnostic criteria is used for identification of the incidence of Pertussis (or whooping cough):

**Positive laboratory identification of Pertussis is made on the basis of a direct fluorescent antibody test and culture, which must be done before the individual is on antibiotics.** Other blood tests are sometimes done, but they are usually inconclusive. Since many students who may fit the clinical description and diagnostic criteria of Pertussis may have already been on an antibiotic for one reason or another, they are not candidates for culture and positive diagnosis cannot be made. (Testing kits are available for N.H. physicians from the Public Health Lab.)

According to CDC, Pertussis screening should be considered if there has been coughing that has persisted for at least two weeks and one of the following:

- spasms of uncontrollable, sometimes violent coughing;
- a crowing sound or high pitched inspiratory whoop which occurs as the individual is trying to catch their breath;
- vomiting after coughing which is a result of the cough-gag reflex;
- the absence of other apparent causes for the persistent cough above symptoms.

The characteristic whooping sound may or may not be present in older children and adults. There is usually no fever present. Pertussis may occur in individuals previously immunized due apparently to waning immunity protection.

CDC recommends **Erythromycin for 14 days for symptomatic persons** as the drug of choice. The American Academy of Pediatrics recommends Azithromycin (5-7 days) or clarithromycin (10-14 days) for individuals who cannot tolerate erythromycin. TMP-SMZ (14 days) may also be prescribed at times. Other household and close contacts may also need to be treated. **Once the individual has been treated for 5 days school attendance may be resumed.**

Children under the age of seven, who have been exposed, should be evaluated by their Pediatrician to determine if their immunization status is adequate or if an immediate booster dose is recommended. Children under the age of two are at greater risk of serious complications from Pertussis.

Complications of untreated Pertussis may include pneumonia, seizures, neurologic damage, and severe dehydration. It is particularly dangerous in the first year of life. Contact with infants and other young children should be avoided if there is any question of Pertussis exposure.

Unfortunately because of the long incubation period during which few or no symptoms may be present, communicability often occurs before the first case is identified and confirmed.

For additional information, please contact your physician or Communicable Disease Control at 1-800-852-3345 ext.4491.