Oxford University Hospitals NHS Foundation Trust

Management of Pertussis – AT-A-GLANCE

Clinical Case Definition	Any individual with an acute cough >14 days without an apparent cause, plus one or more of the following: • Paroxysms of coughing (coughing fits) • Post cough vomiting • Inspiratory whoop
How it is Spread	Pertussis is spread by airborne droplets and has an incubation of 7-10 days (range 620 days). Humans are the only known reservoir of the bacteria and are most infectious in the first 3 weeks of illness. It is highly contagious and occurs in all age group.
Suspected / Confirmed Pertussis	**Managing suspected or confirmed cases of pertussis**. • Early identification is important. • Patients with suspected or confirmed pertussis must be nursed in a side room, or negative pressure room with droplet precautions in place and doors closed. • Patients should be nursed with fluid resistant surgical facemask (FRSM) for routine care and FFP3 or Hood for aerosol generating procedures (AGPs). This should continue until patient has been established on appropriate antimicrobial treatment for > 48 hours. Strict Hand Hygiene should also be maintained. • If a case is confirmed, there is a risk of healthcare associated transmission. Individual cases should be risk assessed and vaccination and chemoprophylaxis should be considered where pregnant women and infants were exposed to the index case. • If the numbers exceed that of side room capacity, then suspected/confirmed cases should be cohorted. Patients should remain in a side room until test results are negative or confirmed cases have received 2 days of effective antibiotics. **Testing suspected cases** A pernasal swab or nasopharyngeal aspirate should be sent from suspected patients for Bordetella pertussis MC&S and a viral swab or nasopharyngeal aspirate for Bordetella pertussis PCR. If only one NPA is obtained this may be split between two sample pots.
Cleaning	• Equipment- Single use / single patient use if possible. • A daily enhanced clean should be requested via the help desk and a terminal clean on discharge. • All frequently touched surfaces should be clutter free and cleaned three times a day. • All equipment used MUST be decontaminated using **Green Clinell Wipes** before being brought out of the patient room and after every patient use.
Visiting	In paediatric cases, parents may visit a child while they are on the unit, but not along with unvaccinated siblings until 2 days of treatment are completed.

Infection Prevention & Control Service
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