

# Pertussis in Schools and Childcare - A Response Guide

## Work, School and Childcare Restrictions

Spokane Regional Health District (SRHD) recommends to all cases and contacts that they avoid public settings including childcare, school and work, until completing 5 days of an appropriate antibiotic (i.e., until day 6 after starting treatment) or until 21 days after onset of cough if antibiotics are not taken.

### Case(s) Working at or Attending Childcare Facility with Children < 1 Year of Age

- Notify SRHD at 509.324.1442. (If outside Spokane Co. contact the local health jurisdiction for your county.)
- Notify parents, staff and volunteers of the potential for exposure. SRHD can provide a notification letter. Maintain and support confidentiality for students and/or staff.
- Ask about recent cases of cough illnesses among other staff and attendees of your facility.
- Exclude all persons with confirmed or suspected pertussis. This includes everyone with a positive pertussis laboratory test as well as persons not tested but who have a pertussis-like cough illness (cough with at least one of the following signs or symptoms: paroxysms of coughing; or inspiratory whoop; or post-tussive vomiting; or apnea). Excluded persons can return to the childcare after 5 days of antibiotics have been completed, or 21 days have passed since onset of cough, or another cause for the person's cough illness has been identified.
- Refer staff and attendees with cough illness to a healthcare provider for evaluation and recommend exclusion from your facility until pertussis has been treated or another cause of symptoms has been identified.
- Assess potential exposures that may have occurred in the facility. SRHD will recommend antibiotic prophylaxis (preventive treatment) to all childcare contacts and ensure prophylaxis to classrooms with children < 1 year of age.
- Implement surveillance for additional cases of cough illness in your childcare facility for 42 days (2 incubation periods) from date of last possible exposure in the facility.
- If cases continue to occur, consult with SRHD Epidemiology (509.324.1442 or [education@srhd.org](mailto:education@srhd.org)) regarding management of the situation.

### Case(s) Working at or Attending Childcare Facility without Children < 1 Year of age

- Notify SRHD at 324.1442. (If outside Spokane Co. contact the local health jurisdiction for your county.)
- Notify parents, staff and volunteers of potential exposure. SRHD can provide a notification letter. Maintain and support confidentiality for students and/or staff.
- Ask about recent cases of cough illnesses among staff and attendees of your facility.

- Exclude all persons with confirmed or suspected pertussis. This includes everyone with a positive pertussis laboratory test as well as persons not tested but who have a pertussis-like cough illness (cough with at least one of the following signs or symptoms: paroxysms of coughing; or inspiratory whoop; or post-tussive vomiting; or apnea). Excluded persons can return to the childcare after 5 days of antibiotics have been completed, or 21 days have passed since onset of cough, or another cause for the person's cough illness has been identified.
- Refer staff and attendees with cough illness for evaluation by a healthcare provider and recommend exclusion from your facility until pertussis has been treated or another cause of symptoms has been identified.
- Antibiotic prophylaxis (preventive treatment) of all childcare contacts is recommended. Staff and attendees should consult their healthcare providers to obtain antibiotics.
- If multiple cases are identified:
  - Ensure that parents have been notified about the potential exposure in the childcare.
  - Implement surveillance for additional cases of cough illness in your childcare facility for 42 days (2 incubation periods) from date of last possible exposure in the facility.

## Case(s) Working at or Attending an Elementary, Middle, or High School

- Notify the school nurse of the affected school.
- Notify SRHD at 324.1442. (If outside Spokane Co. contact the local health jurisdiction for your county.)
- Notify parents, staff and volunteers of potential exposure. SRHD can provide a notification letter. Maintain and support confidentiality for students and/or staff.
  - For a single case:
    - In grade schools: notify the affected classroom(s).
    - In middle schools: notify the affected grade or notify school-wide as appropriate, e.g., multi-grade classes.
    - In high schools: notify the affected grade or notify school-wide as appropriate.
  - For two or more cases in the same grade where the cases are in separate classrooms\*:
    - In grade schools: notify the affected grade.
    - In middle schools: notify the affected grade.
    - In high schools: notify the affected grade or notify school-wide as appropriate.
  - For two or more cases in separate grades\*:
    - In grade schools: notify school-wide.
    - In middle schools: notify school-wide.
    - In high schools: notify school-wide.
- For all cases, evaluate case(s) for additional exposure settings such as before/after school programs, extracurricular activities including sports and clubs, specialty classes, music classes and others (e.g., reading buddies).
- Exclude all persons with confirmed or suspected pertussis. This includes everyone with a pertussis laboratory test that is positive as well as persons not tested but who have a pertussis-like cough illness (cough with at least one of the following signs or symptoms: paroxysms of coughing; or inspiratory whoop; or post-tussive vomiting; or apnea). Excluded persons can return to the school after 5 days of antibiotics have been completed, or 21 days have passed since onset of cough, or another cause for the person's cough illness has been identified.

- Refer staff and attendees with cough illness to a healthcare provider for evaluation and recommend exclusion from your facility until pertussis has been treated or another cause of symptoms has been identified.
- If cases continue to occur:
  - Ensure that all parents have been notified.
  - Promote Tdap vaccine for all adolescents and adults, including school staff, teachers, and coaches.
  - Implement surveillance for additional cases of cough illness in the school for 42 days (2 incubation periods) from last date of possible exposure in the facility.

## Case is a Healthcare Worker

- All school nurses, as well as allied health professionals (e.g., occupational therapists, speech therapists, caregivers) who work face-to-face with students, should receive (or should have already received) a dose of Tdap unless medically contraindicated.
- The case should be told to stay away from the workplace until five days of antibiotic therapy have been completed unless pertussis can be excluded as a cause of their symptoms.
- The Centers for Disease Control and Prevention recommend chemoprophylaxis for high-risk close contacts of a pertussis case, including patients.
- Healthcare personnel contacts may remain in the workplace if they comply with prophylaxis and lack respiratory symptoms; they should be under surveillance for 21 days after their last known exposure.

### \*In Outbreak Situations

- Pertussis outbreaks are defined as two or more cases clustered in time (e.g., cases that occur within 42 days of each other) and space (e.g., in a particular childcare center or classroom).
- When there is continued transmission of pertussis
  - Multiple rounds of antibiotics are not recommended unless the close contact is determined to be at high risk or is in close contact with persons at high risk.
  - Instead of multiple rounds of PEP, continue monitoring for onset of pertussis signs and symptoms for 21 days after the most recent exposure.
- Contact SRHD to discuss prophylaxis of close contacts and people at high risk during an outbreak.
- Consider masking for all staff to prevent pertussis spreading amongst staff and causing staffing shortages.
- Please consult SRHD regarding outbreak management.

*The content of this document was adapted from the Washington Department of Health's  
May 2024 Public Health Investigation Guidelines for Pertussis*