

PERTUSSIS – Oral Antibiotic Treatment and Chemoprophylaxis Recommendations

	Neonate (<1 month)	Infant (1-6 months)	Child (>6 months – 17 years)	Adult	Pregnant or breastfeeding*** Consult Medication Guidelines for Obstetrics and Gynaecology
Azithromycin (<i>macrolide</i>)	<i>Preferred choice**</i> 10mg/kg every 24 hours for 3 days	<i>Preferred choice</i> 10mg/kg every 24 hours for 3 days	<i>Preferred choice</i> 10mg/kg (max 500mg) every 24 hours for 3 days	<i>Preferred choice</i> 500mg every 24 hours for 3 days	<i>Preferred choice</i> 500mg every 24 hours for 3 days Macrolides should be used caution in pregnancy. Azithromycin suitable in all trimesters
Clarithromycin (<i>macrolide</i>)	<i>Not preferred in this age group – use with caution</i> 7.5mg/kg every 12 hours for 7 days	<i>Not preferred in this age group – use with caution</i> 7.5mg/kg every 12 hours for 7 days [Maximum dose at 1 month (average weight of 4.3kg): 32.25mg twice a day]	6-11 months/under 8kg: 7.5mg/kg every 12 hours for 7 days [Maximum 60mg twice a day] 1-2 years/8-11kg: 62.5mg every 12 hours for 7 days 3-6 years/12-19kg: 125mg every 12 hours for 7 days 7-9 years/20-29kg: 187.5mg every 12 hours for 7 days 10-12 years/30-40kg: 250mg every 12 hours for 7 days >12-17 years: 250 - 500mg every 12 hours for 7 days	500mg every 12 hours for 7 days	500mg every 12 hours for 7 days Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2nd and 3rd trimester in pregnancy.
Co-trimoxazole*	<i>Not recommended for infants below 6 weeks (risk of kernicterus)</i>	6 weeks to 5 months: 120mg every 12 hours for 7 days	6 months to 5 years: 240mg every 12 hours for 7 days 6-11 years: 480mg every 12 hours for 7 days 12-17 years: 960mg every 12 hours for 7 days	960mg every 12 hours for 7 days	<i>Should not be used in pregnancy, particularly in the first trimester, unless no other antibiotic option available</i>

For all antibiotic prescribing recommendations given above, please consult the [Health Products Regulatory Authority](#) for cautions, interactions and side-effects prior to prescribing.

Additionally, further information can be obtained from the British National Formulary (BNF), or the BNF for Children.

*Consider if macrolides are contra-indicated or not tolerated.

**Please note that macrolides should be used with caution in neonates. An association between azithromycin use and hypertrophic pyloric stenosis in infants has been reported, but it is judged that the risk of severe outcomes from pertussis in this age group outweighs the risk of developing this complication.

***For pregnant contacts, a risk assessment would need to be done that looks at the risk and benefits of antibiotic therapy/prophylaxis. The aim of treatment/prophylaxis for women in pregnancy is to prevent transmission to the newborn infant and should be considered in those who have not received a pertussis containing vaccine more than one week and less than 5 years prior. Where possible, pregnant women should begin treatment at least 3 days prior to delivery.