

Appendix: Recommended antimicrobial therapy for treatment and post-exposure chemoprophylaxis of pertussis *†

DRUG	INFANTS < 6 months of age	INFANTS ≥ 6 months of age and CHILDREN	ADOLESCENTS and ADULTS
Azithromycin	<p><u>1-5 months:</u> 10 mg/kg/day orally daily for 5 days</p> <p><u><1 month of age:</u> same as above and is the preferred choice for infants <1 month old</p>	10 mg/kg/day orally on the first day (maximum 500 mg), 5 mg/kg once daily on days 2-5 (maximum 250 mg/day)	500 mg orally on the first day, 250 mg once daily on days 2-5
Clarithromycin Not recommended for use in pregnant women	<p><u>1-5 months:</u> 15 mg/kg/day orally divided into 2 doses/day for 7 days</p> <p><u><1 month of age:</u> not recommended</p>	15 mg/kg/day orally divided into 2 doses/day for 7 days (maximum 1 g/day)	500 mg twice daily for 7 days
Erythromycin Estolate preparation preferred if available. Estolate preparations are contraindicated in pregnancy and in patients with liver disease	<p><u>1-5 months:</u> 40mg/kg/day orally divided into 3 doses/day for 7 days</p> <p><u><1 month of age:</u> same as above, but should only be used as an alternate drug. Drug use is associated with elevated risk of IHPS</p>	40mg/kg/day orally divided into 3 doses/day for 7 days (maximum 1g/day)	1-2 g/day orally divided into 3-4 doses/day for 7 days
Trimethoprim-Sulfamethoxazole For those not able to tolerate macrolides or infected with macrolide resistant strain. Not recommended for use in pregnant or nursing women	contraindicated for use in children < 2 months of age; see children dose for infants ≥ 2 months of age	8 mg TMP/40 mg SMX/kg/day orally divided into 2 doses/day for 14 days (maximum 320mg TMP/1600mg SMX/ day)	320 mg TMP/1600 mg SMX per day orally divided into 2 doses/day for 14 days

* Adopted and modified from Public Health Agency of Canada. National consensus conference on pertussis. *Canada Communicable Disease Report* 2003; Vol 29S3:1-39 and from Center for Disease Control and Prevention. Recommended antimicrobial agents for treatment and postexposure prophylaxis of pertussis: 2005 CDC guidelines. *MMWR Recommen Rep.* 2005;54(RR-14):1-16

†Refer to the product monographs and/or the current version of the CPS for more information