

Bacterial Vaccine Preventable Disease Job Aid

Pertussis (Whooping Cough, <i>Bordetella pertussis</i>)	Clinical Presentation <ul style="list-style-type: none"> • Early symptoms (catarrhal stage): runny nose, sneezing, low-grade fever, mild and occasional cough and apnea (in infants). Typically lasts 1-2 weeks. • Later-stage symptoms (paroxysmal stage): paroxysms (fits) of coughs followed by a high-pitched 'whoop' sound, posttussive emesis (vomiting) and exhaustion. Paroxysmal stage typically lasts 1-6 weeks but may persist for up to 10 weeks. • Convalescent stage: recovery is gradual. 	Laboratory Testing <ul style="list-style-type: none"> • Positive culture from nasopharyngeal specimen (ideally within two weeks of illness onset). • Positive PCR from nasopharyngeal specimen (ideally within three weeks of illness onset). • Antibody tests not sufficient for case confirmation for surveillance purposes, but may be useful for diagnosis of patients presenting late in the course of illness. 	Control Measures <ul style="list-style-type: none"> • Healthcare settings: Droplet precautions until five days of antibiotic treatment have been completed or through 21 days after cough onset if antibiotics are not given. • Self-isolate/exclude infectious persons until five days of antibiotic treatment have been completed or, if no antibiotics are taken, for 21 days after cough onset. • Antimicrobial post-exposure prophylaxis for household, daycare/preschool, and other close contacts, regardless of immunization status. • Administer appropriate pertussis vaccination to contacts who are incompletely immunized.
	Incubation Period	Infectious Period	Reporting Requirements*
	4-21 days (usually 7-10 days)	From onset of catarrhal stage until five days of antibiotic treatment have been completed or through 21 days after cough onset if antibiotics are not given.	Report within 24 hours
Tetanus (<i>Clostridium tetani</i>)	Clinical Presentation <ul style="list-style-type: none"> • Generalized tetanus (most common form): descending pattern of trismus (lockjaw), neck stiffness, difficulty swallowing, and abdominal muscle rigidity. • Other symptoms: muscle spasms, seizures, headache, fever, sweating, and changes in blood pressure and heart rate. 	Laboratory Testing <ul style="list-style-type: none"> • Clinical diagnosis only • No recommended confirmatory lab testing 	Control Measures <ul style="list-style-type: none"> • Standard precautions for hospitalized patients. • Self-isolation/exclusion not required. Tetanus is not transmitted from person to person.
	Incubation Period	Infectious Period	Reporting Requirements*
	3-21 days (usually about 8 days)	Not transmitted person-to-person.	Report within 72 hours

*Reports should be made to the local health department of the patient's county of residence or ISDH. Immediately notifiable conditions should be reported by phone to ensure prompt public health response. To report cases, please contact the ISDH Epidemiology Resource Center at 317-233-7125 during business hours or 317-233-1325 after hours, weekends, or holidays.

Last updated May 13, 2020

Bacterial Vaccine Preventable Disease Job Aid

Diphtheria (<i>Corynebacterium diphtheriae</i>)	Clinical Presentation	Laboratory Testing	Control Measures
	<ul style="list-style-type: none"> • Can involve any mucous membrane, but most commonly involves the pharynx and tonsils. • Toxin destroys healthy tissue; within 2-3 days, dead tissue creates a thick, grey coating (pseudomembrane) that can cover the soft palate, nose, tonsils, larynx and throat. • Other symptoms: <ul style="list-style-type: none"> • Pharyngeal/tonsillar diphtheria: malaise, sore throat, low-grade fever, anorexia, lymphadenopathy. • Laryngeal: fever, hoarseness, barking cough. • Anterior nasal: mucopurulent nasal discharge and white membrane on nasal septum. • Cutaneous: scaling rash or ulcers with clearly demarcated edges and membrane. 	<ul style="list-style-type: none"> • <i>C. diphtheriae</i> isolated from any site AND confirmation of toxin production by Elek test or another validated test. • Histopathologic diagnosis (supportive evidence only). 	<ul style="list-style-type: none"> • Droplet precautions for patients with pharyngeal diphtheria; contact precautions for patients with cutaneous diphtheria. • Maintain precautions until the patient is off antibiotics and two cultures taken 24 hours apart are negative. • Contact management: <ul style="list-style-type: none"> • Monitor for signs/symptoms for 7 days after exposure. • Culture for <i>C. diphtheriae</i> (nose and throat cultures). • Administer antibiotic prophylaxis (benzathine penicillin G or erythromycin). • Incompletely immunized contacts: begin immunization series with diphtheria toxoid preparation appropriate for age. • Previously immunized contacts if last booster was >5 years ago: provide booster dose of diphtheria toxoid. • Exclude contacts who are food employees; employees of schools, preschools, or daycares; or healthcare workers from work until negative cultures obtained.
	Incubation Period	Infectious Period	Reporting Requirements*
1-10 days (usually 2-5 days)	Typically until completion of 48 hours of antibiotic treatment; maintain precautions until patient is off antibiotics and two cultures taken at least 24 hours apart are negative.	Report immediately upon suspicion	

*Reports should be made to the local health department of the patient's county of residence or ISDH. Immediately notifiable conditions should be reported by phone to ensure prompt public health response. To report cases, please contact the ISDH Epidemiology Resource Center at 317-233-7125 during business hours or 317-233-1325 after hours, weekends, or holidays.

Last updated May 13, 2020