

**New Jersey Department of Health
Communicable Disease Service**

Sample Notification Letter - Pertussis

Please consult with the LHD and/or NJDOH prior to distribution.
Microsoft® Word version available upon request.

[School/company letterhead]

Dear *[Parent, Teacher, School Administrator, Community Resident, etc]*:

We have been notified by the _____ Department of Health that one of our *[students/employees]* has been diagnosed with pertussis. Public health and *[school/company]* officials are working together to protect the health and safety of all *[students and/or staff]*. The following information will help you understand the situation:

- [Pertussis \(also known as Whooping Cough\)](#) is a contagious disease caused by bacteria. Symptoms may begin like a common cold, but unlike a cold, the coughing can last for weeks or months. One to 2 weeks after the first symptoms start, people with pertussis may develop paroxysms—rapid, violent, and uncontrolled coughing fits. These coughing fits are often followed by a whooping noise. People with pertussis may have a series of severe coughing fits followed immediately by vomiting, turning blue, or difficulty catching breath.
- Pertussis [spreads](#) easily from person to person through the air. When a person who has whooping cough sneezes or coughs, they can release small particles with the bacteria in them. Other people then breathe in the bacteria. It also spreads when people spend a lot of time together or share breathing space, like when you hold a newborn on your chest.
- The best way to [prevent](#) pertussis is to get vaccinated. CDC recommends [pertussis vaccination](#) for everyone.
- After exposure to the bacteria, it typically takes 5-10 days (sometimes as long as 21 days) before symptoms appear. Exposed persons should monitor for symptoms for 21 days, *regardless* of vaccination status.
- The New Jersey Department of Health (NJDOH) recommends [post-exposure antibiotic treatment](#) to persons within 21 days of exposure to an infectious pertussis case who are at high risk of severe illness or who will have close contact with a [person at high risk](#) of severe illness (regardless of age or vaccination status). These include:
 - [Infants](#) (< 12 months) and women in their third trimester of [pregnancy](#);
 - All persons with pre-existing health conditions that may be worsened by a pertussis infection;
 - [Contacts](#) who themselves have close contact with either infants, pregnant women, or individuals with pre-existing health conditions.
- As a general rule, you can help prevent the spread of infectious diseases by [washing hands](#) frequently, [covering nose and mouth](#) with tissues when coughing or sneezing, [not going to school or work while sick](#), and not sharing eating utensils, toothbrushes, cups, drinking glasses, or water bottles.
- For additional information, please visit:
 - <https://www.nj.gov/health/cd/topics/pertussis.shtml>
 - <https://www.cdc.gov/pertussis/>

If you have any questions or would like additional information, please contact your healthcare provider or the _____ Department of Health at _____ [phone#] _____. [School administrators/employee health service] will work closely with public health officials to keep you informed of the situation.

Sincerely,

[Health Officer - School Administrator - Nurse]

SAMPLE