* NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.

Pertussis Activity in Washington State is Increasing and Expected to Surpass the Number seen in Decades – In the first three months of 2012, 640 cases of Pertussis have been reported compared to fewer than 100 cases for the same period in 2011 in Washington State. Although Thurston County has not experienced any child deaths due to Pertussis, following these guidelines will decrease the likelihood that we will experience an epidemic locally. Since January 1 of this year, there have been 3 cases of Pertussis in Thurston County.

Action Requested
- Vaccinate: A one-time dose of TdaP Vaccine against Pertussis is recommended for all, including families, health care, school and child care workers.
- Test and treat patients suspected of having Pertussis.
- Report all suspect cases to the Health Department.

Vaccinate all women of childbearing age, including pregnant women, with a one-time dose of pertussis (Tdap) vaccine – the Advisory Committee on Immunization Practices (ACIP) calls for pregnant women to get pertussis vaccine during in pregnancy (after 20 weeks gestation). Women who get Tdap before or during pregnancy pass on extra protection against pertussis to their babies rather than just the typical maternal antibodies transferred during pregnancy. For women who were not previously vaccinated with Tdap, vaccination during pregnancy is preferred, but it may also be given post-partum before discharge. Persons at highest risk include:
  - Infants <1 year old (greatest risk for severe disease and death)
  - Pregnant women in the last trimester (who will expose infants)
  - Healthcare workers with direct patient contact (who may expose infants, pregnant women, or others who have contact with infants or pregnant women)
  - Anyone who may expose infants < 1 year old or pregnant women (e.g., childbirth educators, child care workers, members of a household with infants)

Check the immunization status of all your patients and vaccinate them if they are not up-to-date for pertussis – especially important for anyone who has close contact with babies to be current on their pertussis vaccine including siblings of infants who should be up-to-date on DTaP. All adults including seniors should receive one dose of Tdap as well.

Test and treat suspected pertussis cases – delays in recognizing and treating this disease can lead to increased spread and worse clinical outcomes. Report pertussis cases promptly to the Thurston County Public Health Department.

Consider the diagnosis of pertussis in the following situations, even if the patient has been immunized:
  - Respiratory symptoms of any duration in infants <12 months.
  - Cough illness that is paroxysmal, accompanied by gagging, post-tussive emesis or inspiratory whoop, or any cough that is > 2 weeks duration (in patients of any age).
  - Respiratory illness of any duration in patients who have had contact with someone known to have pertussis or who has symptoms consistent with pertussis.
Test and confirm pertussis:
Collect a nasopharyngeal specimen for pertussis polymerase chain reaction (PCR) or culture. PCR is more sensitive and rapid than culture, but culture is the gold standard.

Consider pertussis in anyone with a severe or persistent cough. Testing is appropriate until at least 3 weeks after onset of paroxysmal coughing. After 3 weeks of cough, infectiousness and test accuracy decrease significantly. **Testing is most critical for symptomatic high risk persons and their contacts.**

- Infants <1 year old (greatest risk for severe disease and death)
- Pregnant women in the last trimester (who will expose infants)
- Healthcare workers with direct patient contact (who may expose infants, pregnant women, or others who have contact with infants or pregnant women)
- Anyone who may expose infants < 1 year old or pregnant women (e.g., childbirth educators, child care workers, members of a household with infants)

If one member of a household has tested positive, it is not necessary to test other family members who are presenting with symptoms. If multiple members of a household present at the same time with symptoms, it is sufficient to test just one person (preferably the person with most recent onset of symptoms)

**Treatment, Prophylaxis and Isolation**
If you strongly suspect pertussis:
1. Treat the patient whether or not you test. Do not wait for test results. Negative test results do not rule out pertussis.
2. Exclude the patient and symptomatic household contacts from work, school, or child care until the patient completes 5 full days of appropriate antibiotics. Consult with public health if you have questions about exclusion.
3. Give preventive antibiotics to the entire household if a member meets any “High Risk” criteria (above).

**Assure your practice has a system in place to assure your staff and patients are up-to-date on all their immunizations** – all staff should get a Tdap. You can easily track all your young and adult patients’ vaccination status by using the Child Profile Immunization Registry. For more information or to register, call the Child Profile Help Desk at 1-800-325-5599/206-205-4141 or visit the Web site www.childprofile.org.

**Reporting** - Healthcare providers and hospitals should report all laboratory confirmed cases and cases meeting the clinical case definition:

A cough illness lasting 2 or more weeks with ONE of the following: paroxysms of coughing, inspiratory “whoop”, or vomiting associated with coughing.
**Pertussis Vaccine Recommendations by Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccine Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 6 years</td>
<td>• DTaP routinely recommended at 2, 4, and 6 months, at 15 through 18 months, and at 4 through 6 years.</td>
</tr>
</tbody>
</table>
| 7 - 10 years            | • Tdap recommended for those not fully vaccinated with 5 doses of DTaP before age 6 years.  
                          | • Vaccinate according to the ACIP catch-up schedule, with Tdap preferred as the first dose. |
| 11 - 18 years           | • Tdap routinely recommended as a single dose with preferred administration at 11-12 years of age.  
                          | • If not fully vaccinated as a child, refer to the ACIP catch-up schedule to determine what vaccines are indicated.  
                          | • If no Tdap at 11 to 12 years of age, Tdap recommended at the next patient encounter, or sooner if close contact with infants. |
| 19 years and older **   | • Tdap recommended to replace the next 10-year Td booster for any adult who has not received a dose.  
                          | • Tdap can be administered regardless of interval since the previous Td dose, especially if adult has close contact with infants. |
| Pregnant women and close contacts of infants | • Tdap recommended after 20 weeks gestation for those who have not previously received a dose (or if vaccination status is unknown).  
                          | • Tdap recommended in the immediate postpartum period before discharge if not vaccinated prior to or during pregnancy.  
                          | • DTaP or Tdap (depending on age) recommended for all family members and caregivers if not up to date – at least two weeks before coming into close contact with the infant. |
| Health care personnel   | • Tdap recommended for those who have not previously received a dose and who have direct patient contact.  
                          | • This is essential for those who have direct contact with babies younger than 12 months of age. |

* Information in Table 1 is based on 2012 ACIP recommendations.  
  [www.cdc.gov/vaccines/recs/schedules/](http://www.cdc.gov/vaccines/recs/schedules/)

** New ACIP recommendation to combine 19-64 years and >65 years age groups; not yet published.**