



Health Advisory

Please distribute a copy of the accompanying advisory to each provider in your organization.

Questions regarding this notification may be directed to the office of:

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Health Officer
Clark County Public Health
(360) 397-8412

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; *warrants immediate action or attention.*

Health Advisory: provides important information for specific incident for situation; *may not require immediate action.*

Health Update: provides updated information regarding an incident or situation; *no immediate action necessary.*

Thank you.



TO: Physicians and other Healthcare Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer

RE: **Public Health encourages providers to test and treat pertussis cases early to reduce spread.**

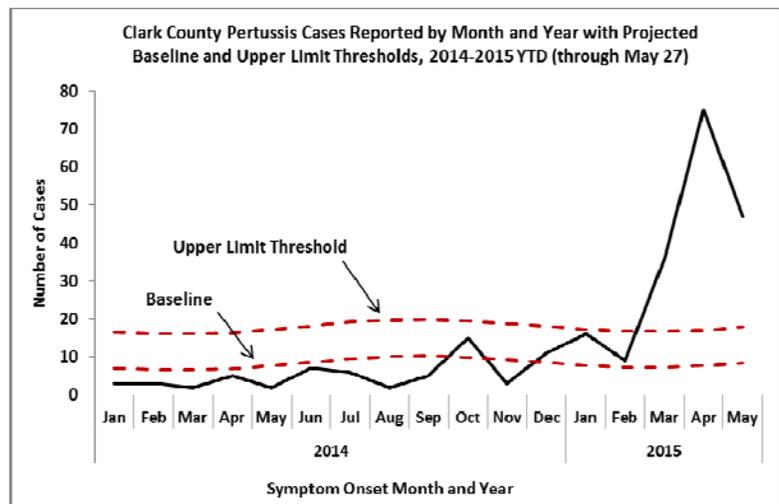
Pertussis epidemiology in Clark County:

Rates of pertussis in Clark County continue to rise well above expected levels. There have been 183* cases (confirmed, probable, and suspect) reported this year in Clark County through May 27, compared to 16 cases during the same time last year (see Table 1). **The majority of cases are between 10-18 years of age (70%). Over 75% of cases are reported as being up-to-date on their whooping cough vaccines.**

Table 1.
Number of cases with symptom onsets between Jan. 1- June 1 (2012-2015)

Year	# of Cases as of June 1
2012	199
2013	34
2014	16
2015	188*

* Note case counts may differ from State-level data. CCPH includes cases classified as suspect, as well as cases that have not yet been assigned a classification by Washington Department of Health. Case counts are preliminary and subject to change.



Weekly case updates are posted on our [website](#), with case totals updated daily Monday – Friday.

Evidence of waning immunity:

Emerging evidence strongly suggests immunity provided by both DTaP and Tdap wanes over time. A recent article based on Washington State 2012 pertussis data shows Tdap vaccine effectiveness declining 2 to 4 years post vaccination to as low as 34%. Similar trends are also being seen with DTaP. Therefore, a **history of vaccination should not be used to rule out possible pertussis disease.**

Provider action requested to prevent pertussis transmission:

- Consider the diagnosis of pertussis in the following (even if the patient has been immunized):**
 1. Cough illness >7 days that is paroxysmal, accompanied by gagging, post-tussive emesis, or inspiratory whoop in patients of any age.

2. Persistent or worsening cough with no fever or a low-grade fever in an infant ≤ 3 months, or in an older infant without other explanation.
3. Persistent or paroxysmal cough with no fever or a low-grade fever in an infant < 1 year and any of the following: apnea, cyanosis, post-tussive vomiting, seizure, pneumonia, non-purulent coryza, or inspiratory whoop.
4. Cough illness of any duration and no alternative diagnosis in: 1) anyone with close contact with infants or pregnant women; 2) pregnant women in the third trimester; and, 3) patients who have had contact with someone known to have pertussis or with prolonged cough illness.
5. Any cough illness > 2 weeks duration with no alternative diagnosis in patients of any age.

Persons considered high risk:

- Infants < 1 year-old.
- Pregnant women (*particularly those in their third trimester*).
- Anyone who may expose infants < 1 year-old or pregnant women (e.g., members of a household with infants or pregnant women, childcare workers who take care of infants < 1 year-old, health care workers with face-to-face contact with infants < 1 year-old or pregnant women).

□ Treatment & prophylaxis:

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 from work, school, or child care until the patient completes 5 full days of appropriate antibiotics. Contact CCPH if you have questions about exclusion.
3. **Give preventive antibiotics** to the entire household and to any high-risk close contacts.

□ Immunize:

1. **Recommend Tdap to all pregnant women with each pregnancy, preferably between 27 and 36 weeks gestation.** Vaccination reduces the risk of a mom with pertussis infecting the baby and can also provide passive protection for the baby in the first few months of life when they're most vulnerable and too young to be vaccinated.
2. **Ensure all patients are fully immunized against pertussis.** Also recommend Tdap vaccination to household members and other close contacts of infants.

□ Testing:

1. **Testing is most critical for symptomatic persons who are either high-risk or who may expose someone who is high-risk.**
2. To confirm pertussis send a nasopharyngeal specimen for pertussis polymerase chain reaction (PCR) and/or culture. Testing is appropriate until at least 3 weeks after the onset of paroxysmal coughing. After 3 weeks of coughing, infectiousness and test accuracy decrease significantly.
3. Testing is not necessary if the patient is a close contact of a lab-confirmed pertussis case. If multiple members of a household present at the same time with symptoms, it is sufficient to test one, preferably the person with the most recent onset of symptoms.

□ Report pertussis cases within 24 hours to CCPH Communicable Disease Unit (360-397-8182):

1. Report all patients with suspected or lab-confirmed pertussis.
2. For infant pertussis cases, include in the infant's medical record and in your report to CCPH the mother's Tdap vaccination status, including date vaccine was given or reason not vaccinated. This information is imperative for monitoring the impact of the maternal Tdap vaccine recommendation.

Resources:

1. Weekly DOH summary of pertussis activity for 2015 ([link](#)).
2. Estimating the Effectiveness of Tetanus-Diphtheria-Acellular Pertussis Vaccine (Tdap) for Preventing Pertussis: Evidence of Rapidly Waning Immunity and Difference in Effectiveness by Tdap Brand. JID 2014;210 (15 September).
3. Tdap Vaccine Effectiveness in Adolescents during the 2012 Washington State Pertussis Epidemic. PEDIATRICS Volume 135, number 6, June 2015.
4. Waning Immunity to Pertussis Following 5 Doses of DTaP. PEDIATRICS Volume 131, Number 4, April 2013.

Thank you for your partnership.