

Public Health Advisory – Pertussis

June 18, 2014

Situation Update

This health advisory informs the local medical community of ongoing increases in pertussis cases in Riverside County, provides links to treatment and prevention references, and reminds providers about important management issues.

The County of Riverside Department of Public Health has confirmed 95 pertussis cases in Riverside County through June 12, 2014, compared to 17 cases reported for the same time period in 2013. The majority of the cases are 18 years of age or younger. According to the California Department of Public Health (CDPH), pertussis cases have reached epidemic proportions in the state, with over 3,400 cases reported through June 10, 2014.

Recommendations for clinicians:

- Inquire about recent possible pertussis exposures in schools or community settings and consider pertussis despite vaccination status when evaluating patients with respiratory symptoms.
- Consider pertussis regardless of age in the differential diagnosis of a patient with an unexplained, persistent cough illness. Symptoms of infection are generally milder in teens and adults, especially in those who have been vaccinated.
- Be aware that the diagnosisⁱ of pertussis can be a challenge in young infants given that the cough may be undetectable or mild and fever is usually not present. Mild illness may quickly transform into respiratory distress and include apnea, hypoxia or seizures. Delays in treatment may increase the risk of fatal illness in young infants, especially those under three months of age. A white blood cell count of $\geq 20,000$ cells/mm³ with $\geq 50\%$ lymphocytes is a strong indication of pertussis.
- Obtain a nasal aspirate (preferable) or nasopharyngeal swab for PCR testing and/or culture (available at reference laboratories) when pertussis is in the differential diagnosis. Serologic tests are not recommended.
- Initiate antibiotic treatmentⁱⁱ prior to test results in patients with a clinical history suggestive of pertussis or with risk factors for severe complications. Azithromycin is the preferred antibiotic because of efficacy and compliance with treatment.
- Instruct all patients/parents diagnosed with pertussis to stay home from school, daycare, or work until they have completed an appropriate course of antibiotics and to avoid contact with infants and others susceptible to the disease.
- Provide post-exposureⁱⁱⁱ prophylaxis (PEP) to all household contacts, caregivers, and other persons who have had direct contact with respiratory, oral, or nasal secretions from a symptomatic case. PEP antibiotic treatment is the same as treatment for disease and should not be shortened.

- Encourage all individuals to be up-to-date with current^{iv} pertussis vaccination recommendations. All health care workers^v should be immunized against pertussis with Tdap.

All suspected or confirmed cases should be promptly reported to Disease Control via Confidential Morbidity Report (CMR)^{vi} by fax to (951) 358-5102 or by calling (951) 358-5107. Questions about pertussis diagnosis, management, or prevention may also be directed to Disease Control.

Useful resources for clinicians include the California Department of Public Health pertussis^{vii} website and Centers for Disease Control and Prevention pertussis^{viii} webpage for clinicians.

ⁱ <http://www.cdc.gov/pertussis/clinical/features.html>

ⁱⁱ <http://www.cdc.gov/pertussis/clinical/treatment.html>

ⁱⁱⁱ <http://www.cdc.gov/pertussis/outbreaks/PEP.html>

^{iv} <http://www.cdc.gov/vaccines/vpd-vac/pertussis/recs-summary.htm>

^v <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

^{vi} <http://www.rivco-diseasecontrol.org/>

^{vii} <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx>

^{viii} <http://www.cdc.gov/pertussis/clinical/index.html>