



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.



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CLARK COUNTY
WASHINGTON

HEALTH ADVISORY April 15, 2015

TO: Physicians and other Healthcare Providers

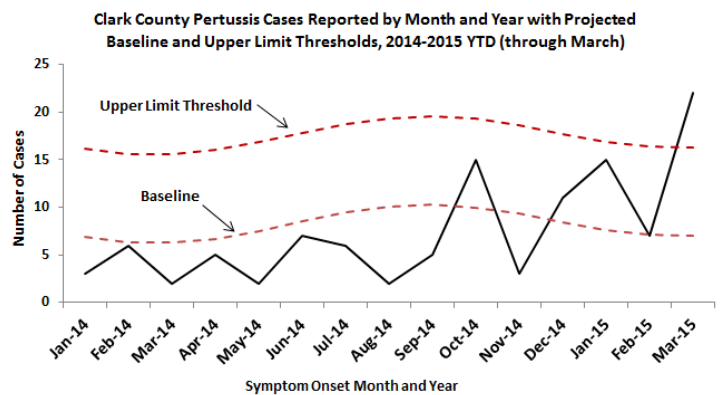
FROM: Alan Melnick, MD, MPH, CPH, Health Officer

RE: **As local pertussis rates soar, Public Health encourages providers to treat cases early to reduce spread.**

Background:

Pertussis is cyclical and peaks every 3 to 5 years as the number of susceptible persons in the population increases due to waning immunity following both vaccination and disease. In 2012, pertussis activity was at epidemic levels in Washington, with nearly 5,000 cases reported.

This year, pertussis is again on the rise, with 287 reported cases statewide compared to 45 this time last year (Clark County specific data: 45 cases compared to 15 this time last year). In Clark County, 80% of the cases reported this year have been in persons 18 years or younger, including 2 infant cases. Infants remain the most at risk for severe disease.



Vaccinations and good respiratory etiquette are the best tools we have for preventing pertussis and severe disease due to pertussis, especially among infants. **In addition to vaccination, rapid identification of pertussis cases, appropriate treatment and isolation also help prevent ongoing transmission.**

Persons Considered “High Risk” from Pertussis:

- 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, child care 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, childbirth educators*).

Action Requested to Prevent Transmission of Pertussis:

- Consider the diagnosis of pertussis in the following situations, even if the patient has been immunized:**
1. 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.
 2. 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.

3. Cough illness >7 days that is paroxysmal, accompanied by gagging, post-tussive emesis, or inspiratory whoop in patients of any age.
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.

❑ **Treatment & prophylaxis⁴:**

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 (see high-risk definition above).

❑ **Immunize³:**

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.

❑ **Consider stocking Tdap vaccine in your practice:**

1. If you do not stock Tdap in your office, make a strong referral to get a Tdap vaccination by taking the steps recommended by the CDC ([link](#)).

❑ **Testing:**

1. 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.
2. 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.
3. **Testing is most critical for symptomatic persons who are either high-risk or who may expose someone who is high-risk.**

❑ **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 the mother's Tdap vaccination status, including date vaccine was given or reason not vaccinated, in the infant's medical record and in your report to CCPH. This information is imperative for monitoring the impact of the maternal Tdap vaccine recommendation.

Resources

1. Weekly summary of pertussis activity for 2015 ([link](#)).
2. Preliminary 2014 annual summary of pertussis cases ([link](#)).
3. 2012 ACIP pertussis vaccine recommendations ([link](#)).
4. Washington State Department of Health Pertussis Guidelines ([link](#)).

Thank you for your partnership.