

HEALTH ADVISORY

Kitsap County Pertussis Outbreak

February 5, 2015

Dear Colleague:

Kitsap County is experiencing a pertussis outbreak with cases in most age ranges. Sixty-two percent of cases have been fully vaccinated, 4% were less than one year old, and 25% had incomplete or no vaccination. The Centers for Disease Control and Prevention (CDC) and Washington State Department of Health (DOH) recommendations for pertussis treatment and prophylaxis in a community outbreak setting have changed in the past two years. The recommendations are summarized below:

- Please consider pertussis in your differential.
- Report known or suspect cases promptly to Kitsap Public Health (360-337-5235).
- Send nasopharyngeal swab specimens for pertussis PCR if the cough has been present < 21 days and you suspect pertussis. If positive, your patient's PCR results may well ensure lifesaving post-exposure prophylaxis (PEP) for high risk contacts (pregnant women, infants < 1 year of age, immunosuppressed).
- Treat before results are available if you are highly suspicious of pertussis.
 - Prescribe isolation until five days of treatment have been completed or the PCR result returns negative.
 - Treat persons aged >1 year within 3 weeks of cough onset and infants aged <1 year and pregnant women (especially near term) within 6 weeks of cough onset.
 - Erythromycin, clarithromycin, and azithromycin are preferred for the treatment of pertussis in persons ≥ 1 month of age. Trimethoprim-sulfamethoxazole is an alternative in persons ≥ 2 months of age.
 - For infants <1 month of age, azithromycin is preferred for both post exposure prophylaxis and treatment because it has not been associated with infantile hypertrophic pyloric stenosis (IHPS), whereas erythromycin has. Infants < 1 month of age who receive a macrolide should be monitored for the development of IHPS and for other serious adverse events.
 - Treatment is no longer necessary if ≥ 21 days have elapsed since symptom onset with the following exception: infants and pregnant women in their third trimester should be treated up through 6 weeks after cough onset. The former are no longer infectious and no longer require isolation.

- Prescribe PEP for all asymptomatic household contacts and other high risk close contacts regardless of vaccination status.
 - Child care contacts do not require PEP during a community outbreak unless they are high risk contacts or at risk of developing complications. They should be monitored for onset of signs and symptoms of pertussis for 21 days.
 - If your asymptomatic patient is a close contact to a case and at high risk (see above) or has contact with high risk individuals (e.g. neonatal intensive care unit workers, childcare workers, and maternity ward workers) provide PEP within 21 days of exposure to the case.
- Vaccinate individuals who are unvaccinated or under-vaccinated for pertussis, especially those in contact with high risk individuals such as healthcare professionals, families of infants (including new parents and grandparents), childcare providers, etc.
- Please consider asking coughing patients to wear a mask while in your office.

Additional clinical and laboratory guidance may be found on the CDC website:

www.cdc.gov/pertussis. This message will be posted on our website:
www.kitsappublichealth.org/healthcare/disease_alerts.php.

Should you have any questions or concerns, please call me, or ask for one of our communicable disease nurses at 360-337-5235.

Respectfully yours,



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