



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**

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April 2, 2012

Dear Colleague:

Pertussis (whooping cough) is reaching epidemic levels in our state. So far in 2012 more than 600 cases have been reported, compared to fewer than 100 cases in the same time period in 2011. This puts us on track to have the highest number of cases in decades.

The disease affects people of all ages, but is most serious in infants. The rate of pertussis in infants in our state is nearly five times the overall rate of disease for all ages. Most infants get this disease from their parents or other family members.


We need your help in reducing the spread of this disease. Most people get a series of pertussis vaccines when they're kids, but protection wears off over time. Vaccination is the key to stopping the spread of this disease. As a healthcare provider, your advice plays a vital role in your patients' choice to get vaccinated. Help us protect infants from pertussis by:

- **Vaccinating all women of childbearing age, including pregnant women, with a one-time dose of pertussis (Tdap) vaccine** – A new recommendation from the Advisory Committee on Immunization Practices (ACIP) calls for pregnant women to get pertussis vaccine during 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.
- **Checking the immunization status of all your patients and vaccinate them if they are not up-to-date for pertussis** – It's especially important for anyone who has or anticipates close contact with babies to be current on their pertussis vaccine. This includes siblings of infants who should be up-to-date on DTaP. All adults should receive one dose of Tdap as well. Senior citizens who have close contact with children should also receive a dose of Tdap.
- **Testing and treating suspected pertussis cases** – Delays in recognizing and treating this disease can lead to increased spread and worse clinical outcomes. Report pertussis cases promptly to your local public health agency.
- **Making sure your practice has a system in place to assure your staff and patients are up-to-date on all their immunizations** – Be sure all your staff members 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 online ([www.childprofile.org](http://www.childprofile.org)).

For more pertussis information, please see the enclosed Key Information about Pertussis document or the Washington State Department of Health website ([www.doh.wa.gov](http://www.doh.wa.gov)).

Find immunization training and information for professionals like us ([www.cdc.gov/vaccines/ed/](http://www.cdc.gov/vaccines/ed/)).

Sincerely,

  
Maxine Hayes, MD, MPH  
State Health Officer

Enclosure



## Key information about pertussis for health care providers in Washington State

April 2, 2012

### **Action requested**

- ✓ Be aware of a marked increase in pertussis reports during 2012, particularly among infants.
- ✓ Fully immunize all children against pertussis, and provide a single dose of Tdap for all adolescents and adults as recommended by national guidelines (see the table below for current pertussis vaccine recommendations).
- ✓ Give Tdap to all pregnant women after 20 weeks gestation if they were not previously vaccinated. Vaccination during pregnancy is preferred, but post-partum vaccination is acceptable.
- ✓ Recommend vaccination to household members and other close contacts of infants.
- ✓ 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.
- ✓ To confirm pertussis, send 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.
- ✓ Report pertussis cases within 24 hours to your [local health agency](#).

### **Background**

Last year, 965 cases of pertussis were reported to the Washington State Department of Health; this was a 59 percent increase over the number reported in 2010. Thirty-eight infants were hospitalized and two infants died in 2011. Already in the first 12 weeks of 2012, more than 600 cases have been reported, including 37 infants. Many counties in Washington are now seeing epidemic levels of pertussis. Information regarding [current pertussis activity in Washington](#) can be found online.

### **Persons considered “high risk” from pertussis**

- 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)

### **Vaccination**

Although most children have been vaccinated for pertussis, protection from the vaccine wears off over time. Some who are fully vaccinated may still become infected. Vaccinated children and adults with pertussis are likely to present with milder symptoms. School-aged children and adults are now the major reservoir for pertussis. The most effective strategy to interrupt pertussis transmission in the community and protect infants who are most at risk for severe pertussis disease is to vaccinate all children on time and give a booster dose to adolescents and adults. (See Table 1 below).

**In addition to vaccination, rapid identification of pertussis cases, appropriate treatment, and isolation are the most effective measures to prevent ongoing transmission.**

## Treatment & prophylaxis

If you 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 five full days of appropriate antibiotics. Consult with your [local health agency](#) if you have questions about exclusion.
3. Give preventive antibiotics to the entire household.

## Testing

Pertussis should be considered in anyone with a severe or persistent cough, especially those who are contacts of a known pertussis case. Testing is appropriate until at least three weeks after onset of paroxysmal coughing. After three 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)
- Health care 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).

If you have a high risk, uninsured patient who you think should be tested, contact your [local health agency](#) to discuss possible testing at the Washington State Public Health Laboratories.

## Reporting

Report to your local health jurisdiction all cases that meet the clinical case definition for pertussis:

- A cough illness lasting two or more weeks with ONE of the following: paroxysms of coughing, inspiratory “whoop,” or vomiting associated with coughing.

**Table 1. Pertussis Vaccine Recommendations by Age\***

<b>Birth - 6 years</b>	•DTaP routinely recommended at 2, 4, and 6 months, at 15 through 18 months, and at 4 through 6 years.
<b>7 - 10 years</b>	•Tdap recommended for those not fully vaccinated with 5 doses of DTaP before age 6 years. •Vaccinate according to the <a href="#">ACIP catch-up schedule</a> , with Tdap preferred as the first dose.
<b>11 - 18 years</b>	•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.
<b>19 years and older **</b>	•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.
<b>Pregnant women and close contacts of infants</b>	•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.
<b>Health care personnel</b>	•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](#).

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