



Pertussis in Humboldt County

HEALTH ADVISORY

July 10, 2019

CURRENT SITUATION

- Humboldt County has had 3 confirmed cases of pertussis since May 19, 2019.
- 46 of the 58 California counties have reported at least one case of pertussis in 2019.
- As of June 17, 2019 there were 1360 pertussis cases reported in California. This number is expected to increase when interim data is included. To date, there has been one infant death in California attributed to pertussis.

ACTIONS REQUESTED OF CLINICIANS

EVALUATION

- Consider pertussis when evaluating patients with an acute URI characterized by cough with paroxysms, whoop, or post-tussive gagging/vomiting.
- While pertussis is often mild in adults, it is extremely dangerous to newborns.
 - Infants <6 months of age may present differently:
 - may gag, gasp, stop breathing, or exhibit facial color changes
 - may not have noticeable cough or “whoop”
 - likely to have leukocytosis with an increased absolute lymphocyte count
 - Teen and adult patients may not experience the characteristic paroxysmal cough or post-tussive gagging/vomiting.

PERIOD OF COMMUNICABILITY

- Persons >1 year of age are considered infectious from the onset of cold-like symptoms until after 5 days of treatment, or until 21 days after cough onset if no (or partial) treatment is given.
- Infants < 1 year are considered infectious for 6 weeks without treatment.

TREATMENT

- If you suspect pertussis, treat as per California Department of Public Health recommendations (next page).
- Because pertussis immunity wanes, post-exposure antibiotic treatment is indicated even if the patient has already been immunized for pertussis.

IMMUNIZATION

- Remind your patients that immunity to pertussis wanes over time. People may be susceptible to pertussis even if they have already had the disease or been immunized.
- The primary DTaP vaccine series is essential for young infants, in whom disease can be severe or even fatal, and for pregnant women in the third trimester of every pregnancy.

TESTING

Collect specimens for testing. If PCR testing from Public Health is desired:

- Obtain nasopharyngeal sample with nylon/Dacron swab (not cotton) in Regan Lowe transport media
- Throat swabs and anterior nasal swabs have unacceptably low rates of DNA recovery and should not be used for pertussis diagnosis.
- Transport promptly. If transport is delayed, store and transport at 4°C





- Courier pick-up: M-TH 8am -11am ☒ for pick-up, call 707-499-4513 (leave a message)
- For immediate testing requests (infants under 1 year of age) call the main lab line at 707-268-2179 to make arrangements.
- Results are usually available from the Public Health lab within 24 hours; same day if received before 1300.

REPORTING

We rely on provider reporting to identify cases and control disease transmission. To report a case:

- Call the Humboldt County Public Health Communicable Disease Reporting line at **(707) 268-2182** or
- Fax a Confidential Morbidity Report to **707-445-7346**

QUESTIONS

For any questions, call the Humboldt County Public Health Communicable Disease Program at **(707) 268-2182**

RECOMMENDED TREATMENT AND POSTEXPOSURE PROPHYLAXIS, BY AGE GROUP*

Age group	Azithromycin	Erythromycin*	Clarithromycin	Alternate agent: TMP-SMX†
Younger than 1 month	10 mg/kg/day as a single dose daily for 5 days ^{b,c}	40 mg/kg/day in 4 divided doses for 14 days	Not recommended	Contraindicated at younger than 2 months
1 through 5 months	10 mg/kg/day as a single dose daily for 5 days ^b	40 mg/kg/day in 4 divided doses for 14 days	15 mg/kg/day in 2 divided doses for 7 days	2 months or older: TMP, 8 mg/kg/day; SMX, 40 mg/kg/day in 2 doses for 14 days
6 months or older and children	10 mg/kg as a single dose on day 1 (maximum 500 mg), then 5 mg/kg per day as a single dose on days 2 through 5 (maximum 250 mg/day) ^{b,d}	40 mg/kg/day in 4 divided doses for 7-14 days (maximum 1-2 g per day)	15 mg/kg/day in 2 divided doses for 7 days (maximum 1 g/day)	2 months or older: TMP, 8 mg/kg/day; SMX, 40 mg/kg/day in 2 doses for 14 days
Adolescents and adults	500 mg as a single dose on day 1, then 250 mg as a single dose on days 2 through 5 ^{b,d}	2g/day in 4 divided for 7-14 days	1g/day in 2 divided doses for 7 days	TMP 320 mg/day; SMX, 1600 mg/day in 2 divided doses for 14 days.

* Table taken from CDPH Pertussis Quicksheet at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/PertussisQuicksheet.pdf>

