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July 14, 2010

Provider Health Alert

Pertussis Epidemic

The epidemic of pertussis continues throughout California; for State information go to <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx> . This alert covers the response and recommendations of the Santa Barbara County Public Health Department for healthcare providers in the county.

Local Health Jurisdiction Plan for Pertussis: The PHD has developed a response plan to protect the residents of the county and to identify cases of pertussis. To view the plan, go to www.sbcphd.org and click on Pertussis Plan. The plan covers topics in this alert in much greater detail.

The epidemic of pertussis has not spread into the County. It is likely that there will be an increase in cases. Therefore, the following are the Health Officer's key recommendations.

Think and Identify: Providers should consider the diagnosis of pertussis for any person with a cough illness lasting ≥ 2 weeks. If the patient is an infant, a higher degree of suspicion is warranted. The definitions of case types are:

Pertussis Clinical Case:

1. A cough illness lasting ≥ 2 weeks with at least one of the following:
 - paroxysms of coughing **or**
 - inspiratory "whoop" **or**
 - post-tussive vomiting;**and** without other apparent cause (as reported by a health professional)

Suspect Case (Eliminates the duration criterion of clinical case definition):

1. An acute cough illness of any duration with detection of *B. pertussis*-specific nucleic acid by PCR. **or**
2. An acute cough illness of any duration with at least one of the following: (paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting) that is epidemiologically-linked directly to a confirmed case.

Probable Case (The same as the clinical case definition):

1. A case that meets the clinical case definition and is not laboratory-confirmed with culture, PCR or IHC and is not epidemiologically-linked directly to a confirmed case

Confirmed Case:

1. An acute cough illness of any duration with isolation of *B. pertussis* from a clinical specimen. **or**

2. A case that meets the clinical case definition and is confirmed by detection of *B. pertussis*-specific nucleic acid by polymerase chain reaction (PCR). **or**
3. A case that meets the clinical case definition and is epidemiologically-linked directly to a laboratory-confirmed case of pertussis. **or**
4. An acute cough illness of any duration with detection of *B. pertussis* antigen in formalin-fixed tissue by appropriate immunohistochemistry (IHC) methods.

Test: Providers are encouraged to test suspect and probable cases, especially infants, to confirm the diagnosis. Nasopharyngeal samples are obtained by the clinician and sent to a commercial laboratory. The labs and hospitals do not collect the specimens from patients. The Public Health Laboratory is developing a validated PCR test for *B. pertussis* but it is not yet available. The PHD will begin to use the test for PHD patients and cases under investigation by the PHD Disease Control and Prevention Program. The Health Officer may make the test available to non-PHD providers dependent on the course of the epidemic locally.

Report: Providers are legally required to report all suspect, probable and confirmed pertussis cases to the PHD Disease Control and Prevention Program by phone (681-5280) or on a CMR form easily obtained at this link: <http://www.countyofsb.org/uploadedFiles/phd/dc/cmrForm.pdf> . The case will be investigated and reported to the State.

Treat: Providers are encouraged to treat suspect (especially infants) and probable cases and high risk contacts to probable and confirmed cases in order to reduce transmission of the infection. Obtaining a specimen for testing may be a barrier for some providers and patients. It should not prevent providers from treating probable cases or reporting suspect and probable cases to the PHD. Treatment guidelines recommend azithromycin as the first choice for all ages. Prescribing recommendations are found at <http://www.cdph.ca.gov/HealthInfo/discond/Documents/Pertussisquicksheet.pdf> . The American Academy of Pediatrics has issued comprehensive guidance for cases in young children: http://www.aap-ca.org/clinical/pertussis/pertussis_in_young_infants.html

Prevent Transmission (Vaccinate): Providers to children should counsel all parents to obtain pertussis vaccine according to ACIP recommended schedules. In this setting the PHD recommends the following groups obtain the Tdap in order to reduce transmission of the infection from adults to infants (<1 year of age)

1. All parents and siblings of infants <1 year of age
2. All caretakers of infants <1 year of age (grandparents, relatives and daycare providers even if over 64 years of age)
3. All pregnant women in the 2nd or 3rd trimester and adults in their household
4. All healthcare workers who have patient contact with children or pregnant women
5. Middle school children (ages 10-13) who have not received a pertussis vaccination since ages 4-6 years.

Children and adults should be vaccinated by their primary medical provider unless they do not have coverage or payment is a barrier to receiving the vaccine, in which case the patient should be referred to a community health center such as the Public Health Department to be immunized. The PHD operates immunization clinics at the following sites:

Carpinteria Health Care Center 560-1050
Franklin Health Care Center 568-2099

Lompoc Health Care Center 737-6400
Santa Maria Health Care Center 346-7230

Information is available at this link: www.countyofsb.org/phd/iz.aspx?id=21306

Providers caring for newborns may accelerate the schedule for infant immunization and offer the 1st DTaP at 6 weeks of age and 2nd and 3rd doses in the primary series can be given at intervals of 4 weeks.

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