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Health & Human Services Agency
Public Health Division

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HEALTH ALERT

Increase in Pertussis

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To: Providers and Hospital ICPs

From: Karen Smith, MD, MPH
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Current situation

Napa County has seen a marked increase in pertussis cases over the last month. Eight of the nine cases occurring in the County this year were reported in the month of April; all but one reported case has been of middle school or high school age. Pertussis is cyclical with peaks every 3-5 years. California last experienced a pertussis epidemic in 2010 when over 9,100 cases were reported statewide and 10 infants died. All of Napa's neighboring counties are currently experiencing high incidence of pertussis.

Clinicians are required by law (Title 17, CCR §2500) to report all confirmed and suspected/presumed cases of pertussis to the Napa County Public Health Division.

Report all suspect, probable and confirmed cases of pertussis within one working day to:

Napa County Public Health Division

Tel: (707) 299 -1499 Fax: (707) 299-4479

Tel after hours: (707) 265-3131 (emergency/immediate notification only)

Criteria for clinical suspicion of pertussis infection warranting laboratory testing:

Any patient, regardless of vaccination status or prior disease history, who presents with an acute cough illness and:

- Paroxysms of coughing (multiple coughs in a row without a pause for a breath in between coughs); **OR** Inspiratory whoop (whooping sound made when inspiratory breath is taken at end of coughing paroxysm); **OR**
- Post-tussive vomiting (emesis at end of coughing paroxysm); **AND**
- No other explanation for symptoms (cold-like symptoms typically precede cough; fever is usually absent).



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Additionally, clinicians should have a low threshold for testing infants and pregnant women in their third trimester. In particular:

- Any pregnant women in her third trimester who has an acute cough illness lasting >5 days without other explanation should be tested for pertussis.
- Infants <6 months of age infected with pertussis typically have a different clinical presentation than older children and adults. They may have no apparent cough and parents may describe episodes in which the infant's face turns red or purple. Leukocytosis is typically present in unvaccinated infants. Recent studies indicate that white blood cell counts should be carefully monitored in infected infants as an indicator of illness severity and that if exchange transfusion is to be beneficial, it should be done before organ failure has occurred and immediately if shock or hypotension occur.

The most important strategy to prevent infection in vulnerable infants is Tdap vaccination of pregnant women and should be prioritized.

- All pregnant women should receive Tdap vaccine during pregnancy, preferably in the third trimester, regardless of their vaccination history.
- To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation.

Clinical guidance on pertussis recognition and treatment in young infants is available at:

http://www.aap-ca.org/clinical/pertussis/pertussis_in_young_infants.html

Testing

The preferred methods for the laboratory diagnosis of pertussis are culture and polymerase chain reaction (PCR).

- Specimens for culture or PCR must be obtained from a nasal aspirate or NP swab. A nasal aspirate is the preferred specimen; however, an NP swab is acceptable. A CDC video demonstrating nasal aspiration and nasopharyngeal swab collection is available at: <http://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection.html>
- Place the swab or aspirate in viral transport medium. Complete the attached laboratory submission form and contact Napa County Public Health at 707-299-1499. Additional information on laboratory testing for pertussis is available at: <http://www.cdph.ca.gov/programs/immunize/Documents/PertussisLaboratoryTesting.pdf>

