

## Official health alert network communication

**HAN subject:** Health alert | Clinicians are encouraged to consider a diagnosis of pertussis

**HAN number:** 08232024

**From:** Utah DHHS

**Intended audience:** Clinicians, ID physicians

## Action steps

- **Hospitals and clinics:** please forward to all appropriate healthcare providers, including internists, family medicine clinics, and infectious disease doctors
- **Local health departments:** please forward to hospitals, clinics, urgent care centers, emergency departments, and other clinics or associations in your jurisdiction.

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## Key points

Utah is experiencing ongoing outbreaks of pertussis (whooping cough). This is a reminder to clinicians that healthcare providers should consider PCR testing for pertussis in anyone with:

- A cough that's lasted more than 2 weeks, or
- A cough that is characterized by paroxysms, inspiratory whoop, apnea (with or without cyanosis), or post-tussive vomiting, or
- Symptoms consistent with pertussis who had contact with a confirmed or suspected pertussis case

Antimicrobial therapy is recommended before test results are received in the following situations:

- The patient's clinical history strongly suggests pertussis
- The patient is an infant or has risk factors for severe or complicated disease
- The patient has contact or anticipated contact with infants, pregnant individuals, or others at high risk of serious disease

**All pertussis cases and their exposed close and household contacts, regardless of their vaccination status, should receive antimicrobial therapy.**

## Background

- Utah public health is investigating multiple pertussis (whooping cough) outbreaks, caused by the bacteria *Bordetella pertussis*.
- Pertussis is very contagious and spreads person-to-person by respiratory droplets when someone coughs or sneezes.
- The incubation period for pertussis is usually 7 to 10 days, but can range from 4 to 21 days.
- Pertussis can cause serious illness in people of all ages but is most dangerous for infants 12 months of age or younger.

## Testing

- PCR is the preferred diagnostic test for individuals with symptoms that developed within the last 21 days.
  - The preferred specimen type is a nasopharyngeal swab.
- Serological testing is not considered confirmatory and should generally not be used for testing in the early phase of pertussis infection.
  - For optimal results, serologic testing can be done 2 to 8 weeks following cough onset but can be used up to 12 weeks after the cough begins.
- Additional diagnostic testing guidance can be found [here](#).

## Treatment and prevention

- Antimicrobial therapy administered during the first stage (runny nose, low-grade fever, mild cough, sneezing, tearing eyes, fatigue, and muscle aches) may make the disease better. Antimicrobial therapy is recommended **before test results are received** in the following situations:
  - The patient's clinical history strongly suggests pertussis
  - The patient is an infant or has risk factors for severe or complicated disease
  - The patient has contact or anticipated contact with infants, pregnant individuals, and others at high risk of serious disease
- A 5-day course of azithromycin is the appropriate first-line choice for treatment and for postexposure prophylaxis (PEP). After the paroxysmal cough is established, antimicrobial agents have no discernible effect on the course of illness but are recommended to limit spread to others. Symptoms of pertussis often persist after treatment due to pertussis-toxin-mediated tissue damage to respiratory epithelial cells.
- All cases **and their exposed close and household contacts**, regardless of their vaccination status, should receive antimicrobial therapy.
  - Unvaccinated contacts should be vaccinated according to the Advisory Committee on Immunization Practices recommendations, but this is not a substitute for antimicrobial treatment.
- Treatment recommendations can be found [here](#).
- Vaccination is the best protection against pertussis. Pertussis-containing vaccines are recommended for all individuals who are not up-to-date, and for pregnant individuals once each pregnancy between 27- and 36-weeks gestation.
  - Individuals with pertussis should be brought up-to-date on pertussis-containing vaccines once they've recovered.
  - Immunization schedules, including catch-up schedules for children, can be found [here](#).

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### Points of contact

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- Utah DHHS Office of Communicable Diseases
  - Email: [epi@utah.gov](mailto:epi@utah.gov)
  - Phone: 801.538.6191
- Your local health department
  - Find your local health department at the [Utah Association of Local Health Departments](#).

### More information

- [Utah pertussis disease plan—Utah DHHS](#)
- [Infectious Disease Client Services Manual—Utah Public Health Laboratory \(pg. 30\)](#)
- [Pertussis FAQs—Immunization Action Coalition](#)
- [Tdap and pregnancy—CDC](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases \(the “Pink Book”\)—CDC](#)

### DHHS disease reporting line

- Telephone (1-888-EPI-UTAH (1-888-374-8824))
- Email ([reporting@utah.gov](mailto:reporting@utah.gov))
- Fax (801-538-9923).

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