



Communicable  
Disease

# County of Santa Cruz

## HEALTH SERVICES AGENCY

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## PUBLIC HEALTH ALERT

**Communicable Disease:** Pertussis  
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**Date:** June 22, 2010  
**Release #:** 2010PERT1-1

### INCIDENT

California is experiencing an epidemic of pertussis with a **4-fold increase** from the number of reported cases during the same time period in 2009. As of 6/15/10, there have been 910 cases of pertussis reported in 2010. There are an additional **600 suspect cases** currently being investigated by local health jurisdictions for a **total of over 1500 cases**. From January to May 2010, there have been 5 infant deaths due to pertussis. Santa Cruz County currently has 21 cases.

### INFORMATION

- Pertussis is an under diagnosed, highly communicable cough illness presenting with at least 2 weeks of coughing with the hallmark paroxysmal cough, inspiratory whoop (more common in infants and children), and post-tussive vomiting without other apparent cause.
- Infants and the immunocompromised are most at risk for serious complications from infection with pertussis.
- **The diagnosis of pertussis is often delayed or missed in infants** because of a deceptively mild onset of runny nose. There usually is no fever. Cough may be undetectable or mild. Illness may present as apnea, hypoxia or seizures. After a few days, mild illness may suddenly transform into respiratory distress.
- **Suspect pertussis in an adult or teen presenting with the following symptoms:** acute illness that starts like a cold but a cough becomes the main feature and lasts > 1-2 weeks; the cough is worse at night, comes in paroxysms and is nonproductive; in between coughing spells, the case has no symptoms and feels well.

### RECOMMENDATIONS

- Consider pertussis in the differential diagnosis of all patients with prolonged cough illness and/or URI. It is estimated that ~25% of cough illness >2 weeks duration is pertussis.
- **Consider an accelerated infant DTaP schedule.** Per the **American Academy of Pediatrics 2009 Red Book**, "If pertussis is prevalent in the community, immunization can be started as early as 6 weeks of age, and doses 2 and 3 in the primary series can be given at intervals of 4 weeks."
- **Pregnant women** in their third trimester (since they will soon have contact with an infant) and new mothers are the most at risk of transmitting the bacteria to a newborn and **should be offered Tdap**. Studies have shown that 20-55% of the source cases are mothers.



**Public Health**  
Prevent. Promote. Protect.

- **Health Alert:** conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.
- **Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

- New infants can be protected through vaccination of those people in close contact with them. This strategy is known as “cocooning” and is highly effective in protecting infants < 3 months of age.
- Because pertussis may progress rapidly in young infants, it is suggested that you treat suspected and confirmed cases promptly with azithromycin.
- Consider obtaining a nasopharyngeal specimen (swab or aspirate) for both a culture and PCR testing. (See links below under Additional Resources)
- **Focus testing particularly on ill infants**, or anyone who is hospitalized for pertussis symptoms, or cases involved in an outbreak investigation.
- **Vaccinate for pertussis with Tdap or DTaP**, as age appropriate, at the earliest opportunity, especially during hospitalization for birth and clinic visits for wound management, checkups or acute care.
- **For full protection of children**, it is important to vaccinate for the full series of 4 shots and a booster between 4-6 years of age. One dose of Tdap should then be given between 11-12 years of age (at the time the effectiveness of the initial series has waned).
- **Report suspected and confirmed cases of pertussis promptly to the Public Health Dept. by calling Naomi Lobell, P.H.N., Communicable Disease Unit at 831-454-4114.**

### ADDITIONAL RESOURCES

- [www.santacruzhealth.org/alerts](http://www.santacruzhealth.org/alerts) for informational updates and other alerts
- ([nasal aspirate \(preferred specimen\) or nasopharyngeal swab for PCR and/or culture](http://www.cdph.ca.gov/programs/immunize/Documents/CDPH_Pertussis_laboratory_testing_March2010.pdf)) ([http://www.cdph.ca.gov/programs/immunize/Documents/CDPH\\_Pertussis laboratory testing\\_March2010.pdf](http://www.cdph.ca.gov/programs/immunize/Documents/CDPH_Pertussis_laboratory_testing_March2010.pdf))