



Pertussis cases spike in Louisville

Clinicians advised to test in patients with a cough that persists for two weeks or more

Increased incidence of pertussis:

Louisville is seeing a sharp increase in cases of pertussis. In 2018 there were 62 cases, sixteen in the last two months of the year. This compares to only 27 cases in Louisville for all of 2017. Ages of the 2018 cases ranged from 1 to 81 years with the mean age of 25 years.

Diagnostic Testing:

Clinicians should strongly consider testing for pertussis in all patients who present with a cough that persists for two weeks or more, or with other characteristic symptoms such as paroxysmal cough or post-tussive emesis. Whenever possible, a nasopharyngeal (NP) swab or aspirate should be obtained from all persons with suspected cases.

With PCR, the most rapid test, the specimen should ideally be collected during the first 3 weeks of illness, but may provide accurate results for up to 4 weeks. Culture has better specificity, but takes up to 7 days to obtain results and the specimen ideally should be collected during the first 2 weeks of illness.

Treatment:

Clinicians should strongly consider treating prior to test results if clinical history is strongly suggestive or patient is at risk for severe or complicated disease (e.g., infants). Respiratory isolation is required while infectious. If untreated, individuals remain contagious for up to 3 weeks after symptom onset, but this infectious period can be reduced by treatment. Treatment of at least 5 days is required to be deemed non-infectious. If the patient is diagnosed late in the course of illness (after 3 weeks), antibiotics will not alter the course of the illness and, even without antibiotics, the patient should no longer be spreading pertussis.

Erythromycin, clarithromycin, and azithromycin are preferred for the treatment of pertussis in persons 1 month of age and older. For infants younger than 1 month of age, azithromycin is preferred for post exposure prophylaxis and treatment.

Additional information about pertussis can be found at

<https://www.cdc.gov/vaccines/pubs/surv-manual/chpt10-pertussis.html>

Immunization:

Household members of infants and children younger than age 18 as well as grandparents, care givers, teachers and child-care providers should receive a one-time dose of adolescent/adult tetanus-diphtheria-acellular (Tdap) vaccine. Even if these individuals have been vaccinated against pertussis as children, immunity wanes over time. Adults who have not previously received a Tdap vaccine should receive one for their next dose of tetanus. Pregnant women should receive a single dose of Tdap during every pregnancy, preferably at 27 through 36 weeks.

DTaP vaccine is routinely recommended at 2, 4, and 6 months, at 15 through 18 months, and at 4 through 6 years. The complete CDC Summary of Pertussis Vaccine Recommendations may be found at the Manual for Surveillance of Vaccine-Preventable Diseases:

<http://www.cdc.gov/vaccines/vpd-vac/pertussis/recs-summary.htm>

Risk of Severe Disease

Unvaccinated or incompletely vaccinated infants younger than 12 months of age have the highest risk for severe and life-threatening complications and death. In infants, the cough may be minimal or absent, and apnea may be the only symptom. Despite increasing awareness and recognition of pertussis as a disease that affects adolescents and adults, pertussis is often overlooked in the differential diagnosis of cough illness in this population. Illness is generally less severe, and the typical “whoop” less frequently seen in adolescents and adults. It is important to educate parents to consider pertussis when their child has a cough, letting them know that it can be a severe illness, especially for infants, and they should seek immediate treatment.

Pertussis is a reportable disease. Please fax new case reports to (502) 574-5865. Reportable disease forms can be found at:

https://louisvilleky.gov/sites/default/files/health_and_wellness/communicable_disease/epid_200_kentucky_reportable_disease_form.pdf

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