



COLORADO
Department of Public
Health & Environment

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HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Alert - Pertussis exposures and outbreaks in Colorado

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

HEALTH ALERT | Pertussis exposures and outbreaks in Colorado | Nov. 20, 2017

Health care providers: Please distribute widely in your office

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Key points

- While down from previous years, pertussis cases and outbreaks continue across the state.
- Public health investigates all reported pertussis cases and currently is investigating a pertussis exposure at a health care facility in Montrose County involving health care workers and patients, some of whom may be at high risk for pertussis complications.
- Outbreaks also have been reported in several Colorado high schools since the beginning of October, including two in the Denver metropolitan area and one on the Western Slope.
- Public health recommends that contacts of pertussis cases see their health care provider to receive antibiotic prophylaxis.
- Pertussis in early infancy is frequently severe and potentially fatal. **Young infants might present without classic cough symptoms and may instead have gasping or apnea only.**
- Pregnant women and anyone with infant contact (caring for an infant or member of a household with an infant) should receive a Tdap vaccine. Healthcare personnel should receive a single dose of Tdap regardless of the time since their most recent Td vaccination.

Background information

As of Nov. 14, 511 cases of pertussis (whooping cough) have been reported in Colorado this year, a rate of 9.4 cases per 100,000. While this is a decrease from an average of 1,151 cases per year reported 2012-2016, pertussis cases and outbreaks continue across the state. Public health is investigating a pertussis exposure at a health care facility in Montrose County involving multiple healthcare workers and patients, some of whom may be at high risk for pertussis complications. In addition, outbreaks in two high schools in the Denver metropolitan area, one with 20 cases since the beginning of October and one with 11 cases since the beginning of November. Public health is contacting persons who have been identified as close contacts to a pertussis case and recommending they see their health care provider to receive antibiotic prophylaxis.

Recommendations / guidance

The primary objective of testing, treating, and providing prophylaxis for pertussis is to prevent pertussis illness in people at increased risk of severe or complicated illness, particularly infants under age 12 months.

Diagnosis

- Consider a diagnosis of pertussis in people with a cough accompanied by paroxysms and/or post-cough vomiting OR a cough of more than two weeks duration, especially if there are household or other close contacts* who are infants or pregnant women in mid-to-late third trimester.
- Fever is generally absent or minimal.
- Disease presentation varies with age and vaccination status, with milder illness generally seen among vaccinated persons.
- **Young infants might present without classic cough symptoms and may instead have gasping or apnea only.**

Testing recommendations

Limit testing to patients with symptoms compatible with pertussis. Persons who should be tested include:

- People with a cough of any duration who are a close contact* to a confirmed case.
- People with a cough of at least five days and either paroxysms or post-tussive vomiting.
- People with a cough of at least 14 days.
- **Infants with apnea or gasping.**
- People for whom the clinical suspicion for pertussis is high.

Testing is particularly important in high-risk patients, including pregnant women, infants, and unvaccinated individuals. Avoid testing in patients for whom the clinical suspicion for pertussis is low, as false positive results will be more likely.

PCR from NP specimens (NP swab or nasal wash) taken at 0 to three weeks following cough onset is the preferred test for diagnosing pertussis. PCR may also provide accurate results for up to four weeks.

Prevention and prophylaxis

- Instruct patients with pertussis to avoid prolonged public contact because they are contagious until they have completed five days of antibiotic treatment or three weeks of coughing.
- Household and other close contacts* of a confirmed or suspected pertussis case should receive antibiotic prophylaxis promptly without waiting for results of pertussis testing, regardless of age or immunization history.
- Azithromycin (Z-pack) for five days is the recommended antibiotic for treating and preventing pertussis though other antibiotics are available if azithromycin is contraindicated.
- Healthcare workers caring for patients with suspected or confirmed pertussis should use droplet precautions.

***Definition of close contact:** people who are either household members of a case; attended the same daycare center with a symptomatic case; or had close contact (distance of less than three feet for more than one hour) with a pertussis case.

Vaccination is the safest and most effective tool we have to prevent pertussis. Pregnant women and all patients with infant contact (caring for an infant; or member of a household with an infant) should receive a Tdap vaccine.

For more information

- Pertussis testing, prophylaxis and treatment: <https://www.colorado.gov/pacific/cdphe/pertussis-whooping-cough>
- Pertussis testing: <https://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-confirmation.html>
- Immunization schedules: <http://www.cdc.gov/vaccines/schedules/>
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

