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Dear Healthcare Providers:

RE: PREVENTING PERTUSSIS IN LOS ANGELES COUNTY

This is an important message about the state of pertussis (whooping cough) in Los Angeles County (LAC). We would appreciate your review of the following recommendations and taking steps to help stop further infection and possible death in your patients or their close contacts who may be unimmunized or only partially immunized.

California is Facing a Pertussis Epidemic

Pertussis is a serious and sometimes deadly disease and in recent months, there has been an increase in pertussis cases and deaths in California and in LAC. In LAC, to date, there have been nearly as many confirmed and probable pertussis cases reported as for the entire year of 2009 and three deaths of infants due to pertussis have been confirmed. Because of the number of cases and the infant deaths, the California Department of Public Health (CDPH) declared a pertussis epidemic in California on June 23, 2010.

Be Vigilant: Screen for Pertussis

Given the recent infant deaths, it is important that health care providers consider pertussis when a young infant presents with cough or cold like symptoms or a child presents with an illness of an unknown cause.

Vaccination is our Best Defense Against Pertussis

To help contain the pertussis epidemic, the CDPH and LAC Department of Public Health (DPH) are encouraging providers to take the steps outlined in the table below to vaccinate individuals at risk for contracting and spreading pertussis.

Recommendations for Vaccinating Against Pertussis

1. Vaccinate all eligible patients with DTaP vaccine, as recommended by the Advisory Committee on Immunization Practices (ACIP).

- ACIP recommends routine administration of DTaP vaccine to children at 2,4,6 and 15-18 months of age, with a booster dose between 4 and 6 years of age.

2. Adopt an expanded Tdap vaccination schedule released by CDPH that advises vaccination of all ACIP-recommended groups, as well as off-label Tdap vaccine use for certain individuals who are not fully protected against pertussis.

- ACIP routinely recommends Tdap vaccine for pre-teens between 11 and 12 years of age and adolescents and adults under 65 years of age who have not previously received a Tdap dose.
- To contain the spread of pertussis, in addition to vaccinating groups outlined by the ACIP, CDPH is also recommending off-label use of Tdap vaccine for all persons:
 - 7 years through 9 years of age who have not completed the primary DTaP vaccine series
 - 65 years of age and older who have not received a previous Tdap dose (this is particularly important for those who have close contact with an unvaccinated or partially vaccinated child).

3. Adopt a "cocooning" strategy to protect children who are too young to be fully vaccinated or who have not been fully vaccinated against pertussis by vaccinating close contacts including:

- All individuals who will have contact with an infant under 1 year of age.
- Women of child bearing age before, during or immediately following pregnancy. Ideally, pregnant women should be vaccinated during the 2nd or 3rd trimester and unvaccinated women should receive Tdap during the immediate postpartum period.

Please inform all women receiving Tdap during pregnancy that data on the safety, effectiveness, and effect of the vaccine during pregnancy are not available and that there is a theoretical risk that Tdap receipt during pregnancy could interfere with the infant's response to vaccination. However, the enormous benefit of reducing the risk of transmission of pertussis to the infant should outweigh these concerns.

Educate your Staff and Patients about Steps for Preventing the Spread of Pertussis

Please post the attached flyer in your office as a reminder to "Think/Test/Treat/Reduce Transmission" of pertussis. You may also download pertussis patient educational materials at www.eziz.org.

Thank you for doing your part in curtailing unnecessary illness and death due to pertussis in LAC by vaccinating all patients as indicated.

Remember to Report All Communicable Diseases

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System at (888) 397-3993 or FAX to (888) 397-3778.

Sincerely,


Jonathan E. Fielding M.D., M.P.H.
Director and Health Officer

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Pertussis is Epidemic in California: Protect Infants, Adolescents & Adults!

Think pertussis

Consider the diagnosis of pertussis in your patients and their close contacts

Symptoms of pertussis: Pertussis starts with mild cold-like upper respiratory symptoms (catarrhal stage). In children, adolescents and adults, there is typically progression to cough (paroxysmal stage). Coughing paroxysms may be followed by an inspiratory whoop or post-tussive vomiting. Fever is absent or minimal and cough is nonproductive. A history of immunization does not preclude the possibility of pertussis.

- **Infants <6 months of age:** The diagnosis of pertussis in young infants is often delayed because of deceptively mild initial symptoms. Cold-like symptoms may be brief. Gagging, emesis, gasping, cyanosis, apnea, or seizures may be apparent rather than a cough or whoop. Leukocytosis (white blood cell count of $>20,000$ cells/mm³) with $>50\%$ lymphocytes is suggestive of pertussis and may increase over time. Mild illness may rapidly progress into respiratory distress.
- **Children, adolescents and adults:** Pertussis after infancy is common, but is often misdiagnosed. Studies have demonstrated that up to 20% of prolonged cough illnesses in adults are due to pertussis. Some older patients have typical pertussis symptoms, but others have non-specific cough illness that may be difficult to distinguish from bronchitis or asthma. Adolescents and adults may report a choking sensation and sweating episodes. Complications include syncope, sleep disturbance, incontinence, rib fractures and pneumonia. Patients typically appear well when not coughing and may have normal physical findings and complete blood counts.

Test for pertussis

Delays in recognition of pertussis may contribute to adverse clinical outcomes

Promptly obtain a nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture. For guidance, see: <http://bit.ly/PertussisTesting>

Treat for pertussis

Delays in treatment before or after hospital admission may increase the risk of fatal illness

Infants <6 months of age: Pertussis may progress rapidly in young infants. Treat suspected cases promptly with azithromycin, monitor them closely, and consider hospitalization in a facility that has intensive care (especially infants <3 months of age). Severe cases will need treatment of extreme leukocytosis, pneumonia, and pulmonary hypertension.

Reduce Transmission

Report pertussis—*Prompt reporting supports prevention and control efforts*

Report suspected and confirmed cases of pertussis promptly to your local public health department to assist in preventing additional cases.

Immunize against pertussis—*Assess pertussis immunization status at every patient encounter*

- Immunize all close contacts of infants, especially postpartum women before hospital discharge.
- Immunize healthcare workers, particularly those working with infants and pregnant women.
- Immunize other patients at the earliest opportunity during checkups and visits for wound management or acute care.

