



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

May 18, 2010

Dear Healthcare Provider:

This letter contains important information about the current increase in pertussis activity in California and recommendations intended to protect your patients. Pertussis is a cyclical disease with peaks every 2-5 years. The California Department of Public Health (CDPH) is very concerned that 2010 will be a peak year for pertussis, as was 2005 when at least eight infants died. **So far in 2010, four infants are known to have died of pertussis in California. This year all infant deaths are under 3 months of age.** In comparison, there has been an average of three deaths per year over the past decade. In addition, twice as many pertussis cases are being reported this year compared to the same time period last year.

CDPH is planning many activities in an effort to prevent pertussis deaths in infants, including new educational materials for providers. However, as clinician you can protect the lives of your patients by taking the steps listed on the following page.

Sincerely,

John Talarico, D.O., M.P.H.
Chief, Immunization Branch
Centers for Infectious Diseases
California Department of Public Health

Clinical Action Steps to Prevent Pertussis and Pertussis-associated Complications

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

- **Young infants**: The diagnosis of pertussis is often delayed or missed 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. A white blood cell count of $\geq 20,000$ cells/mm³ with $\geq 50\%$ lymphocytes is a strong indication of pertussis.
- **Adolescents and adults**: Most cases are not diagnosed. A misdiagnosis of bronchitis or asthma is common. The patient may report of episodes of a choking sensation or of sweating. Leukocytosis/lymphocytosis is not likely to occur in this population.

Test for pertussis - *Delays in recognition of pertussis may contribute to adverse clinical outcomes*

- Obtain [nasal aspirate \(preferred specimen\) or nasopharyngeal swab for PCR and/or culture](#) promptly. See: http://www.cdph.ca.gov/programs/immunize/Documents/CDPH_Pertussis_laboratory_testing_March2010.pdf

Treat for pertussis - *Delays in treatment before or after hospitalization may increase the risk of fatal illness*

- **Young infants**: Because pertussis may progress rapidly in young infants we suggest that you treat suspected and confirmed cases promptly with azithromycin, monitor them very closely, and consider hospitalization in a facility that has direct access to intensive care (especially if the infant is <3 months of age). The white blood cell count may increase substantially during the illness. Almost all fatal cases have extreme leukocytosis with lymphocytosis, pneumonia, and pulmonary hypertension.

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.

Prevent pertussis - *Assess pertussis immunization status, and use every patient encounter to vaccinate*

- All close contacts to infants and health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as age appropriate.
- Vaccinate for pertussis at the earliest opportunity, especially during hospitalization for birth and clinic visits for wound management, checkups or acute care.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.