



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.

