DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

**December 3, 2024**

## Update to Health Awareness Notice for District of Columbia Healthcare Providers
## Increase in Pertussis Cases in the District of Columbia

### SUMMARY

This notice is updated to include more recent data. Please refer to DC Health's initial HAN regarding an increase in pertussis cases in the District of Columbia for additional context.

As of October 26, 2024, the United States has reported 20,791 confirmed cases of pertussis, indicating a return to trends seen prior to the COVID-19 Pandemic. In the District, 23 confirmed cases of pertussis have been recorded through November 2024, compared to 5 cases during the same period in 2023. Immunity from pertussis vaccination or natural infection wanes over time, increasing the risk of infection even in fully vaccinated individuals. Cases of pertussis have significantly increased, especially among school-aged children, including those fully vaccinated, with additional cases in infants, toddlers, and adults.

Due to the increased spread within the community, healthcare providers should consider pertussis in children and adults with persistent or severe coughs lasting two to three weeks. This notice includes updated data to encourage continued vigilance in diagnosing, testing, and promptly reporting cases.

### UPDATED INFORMATION

In 2024, pertussis cases have increased across the United States, signaling a return to pre-pandemic trends. Preliminary data as of week 43, reported on October 26, 2024, show over five times the number of cases compared to the same period in 2023[1]. This year's case count also exceeds levels seen by this time in 2019, before the pandemic. Data from the District of Columbia Immunization Information System reports a Pertussis vaccination coverage rate of 92% for kindergarteners in the school year 2023-2024.

As of 2024, 19 cases of pertussis have been reported to DC Health, a significant increase from the five cases reported during the same period in 2023. No hospitalizations have occurred among these cases, with one case linked to international travel this year.

### RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Consider pertussis in patients with a prolonged cough that does not improve within 14 days, or in those presenting with paroxysmal cough, inspiratory whoop, post-tussive vomiting, or any respiratory symptoms after contact with a laboratory-confirmed case of pertussis, regardless of their vaccination status.

Testing and Diagnosis: Culture specimens should be collected within the first 2 weeks of cough using deep nasopharyngeal aspiration. For PCR testing, nasopharyngeal specimens should be taken within 0-3 weeks of cough onset.

Treatment and Management: Early treatment with appropriate antibiotics is essential, especially for infants and individuals at high risk. Treatment can help reduce transmission if started within the early stages of the

disease. Healthcare providers should consider early treatment before test results if the clinical history strongly suggests pertussis, the patient is at high risk for severe disease, or if the patient will have contact with someone at high risk, such as infants or pregnant women in their third trimester. The choice of antibiotics can depend on several factors, including the patient's age. The CDC recommends treatment within 3 weeks of cough onset for those 1 year and older, and within 6 weeks for infants under 1 year and pregnant women, especially near term. Confirmed or suspected cases must stay home and avoid contact with others until they have completed 5 days of antibiotics or have had cough symptoms for at least 3 weeks.

Post-Exposure Prophylaxis (PEP): Because the risk of transmission of B. pertussis within households is high, chemoprophylaxis is widely recommended for household contacts of a pertussis case. Healthcare providers should prescribe PEP to all asymptomatic household contacts of a pertussis case within 21 days of the index patient's cough onset. Ensure all exposed individuals are monitored for pertussis symptoms over a 21-day period. People who refuse PEP should be excluded from high-risk settings for 21 days.

Vaccination: Ensure that patients, especially infants, children, pregnant women, and healthcare workers, are up to date on DTaP/Tdap vaccination. The acellular pertussis (aP) vaccines protect early in life, but effectiveness wanes 2–3 years post-booster. The pertussis rise is likely due to waning immunity, despite factors like strain virulence and improved diagnosis. To reduce the burden of pertussis in infants, clinicians should administer a dose of Tdap during each pregnancy, regardless of the mother's prior Tdap vaccination history. The optimal time for Tdap administration is between 27 and 36 weeks of gestation, preferably early in this period. Additionally, it is crucial to promptly initiate the 3-dose primary vaccine series, starting at 2 months of age, to prevent severe pertussis in infants. Refer to this link for detailed information: ACIP recommendations for Diphtheria, Tetanus and Pertussis (DTaP, Tdap, Td) vaccines.

## REPORTING REQUIREMENTS

**Please notify DC Health about suspected pertussis cases by submitting a Notifiable Disease and Condition Case Report Form online using DCRC**: https://dccovid.force.com/provider/s/login. DC Health is available to provide assistance with specimen collection, testing, and consultation with CDC as needed.

## ADDITIONAL RESOURCES

- Pertussis-Whooping Cough | CDC
- Treatment of Pertussis |CDC
- Post-Exposure Antimicrobial Prophylaxis | CDC
- Laboratory Testing for Pertussis| CDC
- Pertussis Surveillance and Trends|CDC
- National Notifiable Diseases Surveillance System, Weekly Tables of Infectious Disease Data| CDC

## REFERENCES

1. Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, Weekly Tables of Infectious Disease Data. Atlanta, GA. Office of Public Health Data, Surveillance, and Technology. Available at: https://www.cdc.gov/nndss/data-statistics/index.html.

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Please regularly visit the DC Health - Health Notices website at dchealth.dc.gov/page/healthnotices for the latest updates and information.

**Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at: Phone: 844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov**