

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

October 16, 2024

SUBJECT

Recommendations for increased pertussis activity in Montana

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For LOCAL HEALTH DEPARTMENT reference only
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Epidemiology Section
1-406-444-0273

Immunization Section
1-406-444-5580

For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS HAN Website:

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Information Sheet



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Recommendations for increased pertussis activity in Montana

BACKGROUND

The number of pertussis cases in the United States has increased this year compared with recent years and appears to have returned to its more typical pre-pandemic patterns. Between 2016–2019, an average of 17,800 people in the U.S. were sickened with pertussis each year. As of October 5, 2024, 17,579 people in the U.S. have been reported with pertussis infection, which is a notable increase from the low number of pertussis cases reported from 2020–2023. Montana has also had an increase in the number of reported pertussis cases in the last several weeks. Forty-five cases of pertussis have been reported in Montana in 2024, with 28 of those cases occurring since September 1, 2024. Pertussis cases have been reported in 14 Montana counties, with outbreaks reported in two communities.

INFORMATION

Pertussis is a vaccine-preventable disease that is spread via respiratory droplets when talking, coughing, or sneezing. It generally takes 5-10 days for symptoms to develop after someone has been exposed, but sometimes symptoms do not appear for 21 days. Pertussis symptoms are initially similar to the common cold, including runny nose, low-grade fever (less than 100.4°F), and a mild cough. Young infants with pertussis may experience apnea, or life-threatening pauses in breathing, instead of a cough.

Pertussis progresses to involve a paroxysmal cough or coughing fit. Coughing paroxysms can occur for up to 6 weeks, but sometimes pertussis symptoms can last longer (hence the name 100-day cough). Vomiting and/or a characteristic high-pitched "whoop" on inhalation after a coughing fit are characteristic of the disease. People usually seem well in between fits, but have difficulty sleeping at night, struggle to breathe, or may fracture (break) a rib due to severe coughing. Recovery from pertussis is slow, but the cough lessens over time. Vaccinated people may have a milder illness than unvaccinated individuals.

Complications of pertussis are most common in young infants, especially those under 6 months. Approximately 1 in 3 infants with pertussis require hospitalization. Common complications among babies under 1 year old include apnea (68% of hospitalized babies), pneumonia (22%), and convulsions (2%).

Treatment for pertussis works best when started early in illness. Standard treatment is a five-day course of azithromycin. Antimicrobial treatment administered less than 3 weeks after cough onset limits transmission to others. Persons >1 year of age who have been coughing longer than 21 days generally do not require treatment as it is not effective later in illness and the person is no longer contagious. However, infants <1 year old and pregnant women with pertussis should receive treatment when diagnosed within 6 weeks of cough onset.

Vaccination is the best way to prevent pertussis before exposure. Vaccination with DTaP is recommended in 5 doses at two, four, six, 15-18 months, and 4-6 years. A dose of Tdap is then recommended at age 11-12 years. CDC

recommends pregnant women receive a dose of Tdap with each pregnancy. CDC recommends adults receive at least one lifetime dose of Tdap and then vaccination with Td or Tdap every ten years.

It can be difficult to distinguish between pertussis and other respiratory pathogens based on clinical symptoms alone, especially early in illness when antibiotics are most helpful. Prompt testing can help detect pertussis infection among other similar presenting illnesses. Some individuals with pertussis may be co-infected with other pathogens, such as COVID-19, rhinovirus, enterovirus, and respiratory syncytial virus (RSV). Cases of parapertussis have also been detected in several communities in Montana.

RECOMMENDATIONS

Recommendations for Healthcare Providers

- 1) **SUSPECT:** Have increased suspicion for pertussis infection among persons presenting with prolonged cough. Vaccinated persons may have less severe illness but still require testing and treatment.
- 2) **TEST:** PCR testing for pertussis is readily accessible in your community. Most healthcare facilities have testing onsite or through their usual testing partners. Testing is also available from the Montana Public Health Laboratory.
- 3) **TREAT:** If you suspect pertussis, presumptively treat with antibiotics while waiting for testing result. Patients should remain home from school, daycare, or work for 5 days after initiation of appropriate antibiotics or 21 days from cough onset for untreated infections (or until a reasonable alternative diagnosis has been determined).
- 4) **PREVENT:** All household contacts should receive antibiotics as post-exposure prophylaxis (PEP) to prevent illness, regardless of vaccination status. Secondary rates of pertussis infection among household members are high even among vaccinated individuals. Additional close contacts may also be advised to receive PEP.
- 5) **PREVENT:** Vaccinate any well persons who are not up to date with their pertussis vaccination. Both DTaP and Tdap are effective and safe.
- 6) **REPORT:** Confirmed and suspected cases of pertussis are immediately reportable to your local health department, regardless of whether testing was ordered.

Recommendations for Local and Tribal Health Departments

- 1) Ensure that providers in your community are aware of increased pertussis activity. Some communities are seeing higher levels of activity right now. The increase in cases is expected to impact more populated areas first and later involve rural/frontier communities, however, there have been cases in rural jurisdictions related to out-of-state travel.
- 2) Report cases and outbreaks of pertussis to the Department of Public Health and Human Services. These are reportable through MIDIS and the Jotform outbreak reporting tool.
- 3) Promote vaccination and staying home when sick as the best way to prevent pertussis. Consider hosting additional immunization clinics that also offer DTaP or Tdap vaccines.

Recommendations for the Public

- 1) Make sure you and your family are up to date with pertussis vaccination. Talk to your medical provider if you are unsure when you received your last dose. The [recommended immunization schedule](#) is for children to receive five doses of DTaP during early childhood and then one dose of Tdap at age 11-12 years. [Adults are recommended](#) to get a Tdap every 10 years and pregnant women should get a dose during each pregnancy.
- 2) Seek medical care if you or your child have difficulty breathing, violent coughing, or pauses in breathing.
- 3) Stay home from work or school when you are ill and keep sick children home to prevent spreading illness to daycare or school classmates. It takes everyone to keep our communities safe and healthy.