

Pertussis Epidemic in California

Pertussis (whooping cough) has been rapidly increasing in California this year. The incidence of pertussis is cyclic with peaks occurring every two to five years as the number of susceptible people in the population increases. The last peak year in both California and the United States was in 2005, including eight deaths in infants less than 3 months of age in California. As of June 15, 2010, there has been a 4-fold increase in the number of reported pertussis cases in California compared to the same time period in 2009. The current data suggests this year's disease burden is at or above the levels seen in 2005. If current trends continue, California could experience a 50 year high in pertussis despite the availability of a vaccine to protect both adolescents and adults.

Pertussis immunity from disease and vaccine wanes over time. Even fully immunized children become susceptible to pertussis by adolescence. Protection against pertussis through vaccination in adolescents and adults was not available until 2005, and immunization rates in these populations are low. In order to protect vulnerable infants who are too young to be vaccinated, it is important to vaccinate all those with potential contact with infants. The source of infant pertussis is usually an adult or adolescent family member.

Health care providers should vaccinate both patients and staff to mitigate the potential devastating effects of pertussis, particularly in young infants. Actions providers can take include:

- Use of pertussis [educational materials](#) in your office;
- Review of current [clinical guidance](#) materials for health care providers;
- Promotion of the infant cocooning strategy by vaccinating all persons with potential contact with infants;
- Encouraging your hospital to [implement a postpartum tetanus, diphtheria, and acellular pertussis \(Tdap\) immunization program](#);
- Protecting children, adolescents, and adults against pertussis through vaccination to improve community immunity levels;
- Offering Tdap vaccination to staff[§] to protect not only staff but also patients;
- Utilizing the accelerated diphtheria, tetanus and acellular pertussis (DTaP) infant schedule* during this period of increased pertussis activity; and
- Keeping abreast of new developments and recommendations regarding pertussis.

It is important that both health care providers and their patients receive protection against pertussis through vaccination (Tdap, DTaP). Make sure that you, your staff, and your patients are protected against pertussis now!

[§] Effective September 1, 2010, the [Cal/OSHA Aerosol Transmissible Disease Standard](#) requires all hospitals, outpatient medical facilities, and other employers covered by the standard to offer Tdap immunization to their employees who may be exposed to pertussis. Employees who decline to be vaccinated must sign a declination form.

* **Healthcare providers may consider an accelerated infant DTaP schedule.** Per the American Academy of Pediatrics 2009 Red Book, "If pertussis is prevalent in the community, immunization can be started as early as 6 weeks of age, and doses 2 and 3 in the primary series can be given at intervals of 4 weeks."