



MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

June 23, 2010

TO: California Hospitals

FROM: John Talarico, D.O., M.P.H., Chief
Immunization Branch *Talarico*

SUBJECT: 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. CDPH has initiated a short-term project to make additional Tdap (tetanus, reduced diphtheria, and acellular pertussis) vaccine available to birthing hospitals to immunize post-partum women and their close household contacts. Interested hospitals should apply for Tdap vaccine through this project.

Dr. Jim Cherry, an expert in pertussis, and colleagues have written clinical guidance for clinicians providing care for infants with pertussis. The guidance includes contact information for four Pediatric Infectious Diseases programs that may be called for management advice and decisions 24 hours a day as well as a group of intensivists who may be contacted regarding PICU care 24 hours a day.

When tetanus toxoid-containing vaccine is indicated for wound management to prevent tetanus in adolescents and adults, use of Tdap is preferred to Td.

Pediatric health care providers may consider an accelerated infant DTaP schedule during this period of increased pertussis activity. 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."

In addition, health care providers should be offered Tdap vaccine to protect not only themselves but also their patients, particularly young infants. 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.

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!

Additional educational materials and resources may also be found on the CDPH website.