

## Ongoing outbreaks of pertussis (whooping cough) throughout Utah

- Utah public health is investigating multiple pertussis (whooping cough) outbreaks, caused by the bacteria *Bordetella pertussis*.
- Pertussis is very contagious and spreads person to person by respiratory droplets when someone coughs or sneezes.
  - The incubation period for pertussis is usually 7 to 10 days, but can take between 4 and 21 days.
- Pertussis can cause serious illness in people of all ages but is most dangerous for infants 12 months of age or younger.
- Healthcare providers should consider a diagnosis of pertussis in anyone with:
  - a cough that's lasted more than two weeks
  - paroxysms, inspiratory whoop, apnea (with or without cyanosis), or post-tussive vomiting
  - contact with a confirmed pertussis case
- PCR is the preferred diagnostic test for individuals with symptoms of 21 days or less.
  - The preferred specimen type is a nasopharyngeal swab.
- Serological testing is not considered confirmatory and should generally not be used for testing in the early phase of pertussis infection.
  - For optimal results, use 2 to 8 weeks following cough onset but can be used up to 12 weeks after the cough begins.
  - Can be performed much later than culture and PCR, but is more useful later in the course of disease.
  - Additional diagnostic testing guidance can be found at <https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html>
- Antibiotic treatment should be strongly considered before you get test results for individuals with:
  - clinical history strongly suggestive of pertussis
  - risk factors for severe or complicated disease (e.g., infants)
  - contact or anticipated contact with someone who is considered at high risk of serious disease (e.g., infants, pregnant individuals)
- Appropriate antibiotic treatment reduces transmission of *B. pertussis* when administered early in the course of disease, but symptoms of pertussis often persist after treatment due to pertussis-toxin-mediated tissue damage to respiratory epithelial cells.
  - Treatment recommendations can be found at <https://www.cdc.gov/pertussis/clinical/treatment.html>

- Vaccination is the best protection against pertussis. Pertussis-containing vaccines are recommended for all individuals who are not up-to-date, and for pregnant individuals once each pregnancy between 27- and 36-weeks gestation.
  - o Individuals with pertussis should be brought up-to-date on pertussis-containing vaccines once they've recovered.
  - o Immunization schedules, including catch-up schedules for children, can be found at <https://www.cdc.gov/vaccines/schedules/hcp/index.html>

## Points of contact

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### Your local health department

Find your local health department at the [Utah Association of Local Health Departments](#).

## Other resources

Utah pertussis disease plan, Utah Department of Health and Human Services:

[https://epi.health.utah.gov/wp-content/uploads/pertussis\\_plan.pdf](https://epi.health.utah.gov/wp-content/uploads/pertussis_plan.pdf)

Infectious Disease Client Services Manual, Utah Public Health Laboratory (pg. 30):

<https://uphl.utah.gov/wp-content/uploads/ID-Client-Services-Manual-Master-2018.pdf>

Pertussis FAQs, Immunization Action Coalition: <https://www.immunize.org/catg.d/p4212.pdf>

Tdap and pregnancy, CDC:

<https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/tdap-vaccine-pregnancy.html>

Epidemiology and Prevention of Vaccine-Preventable Diseases (the 'Pink Book'), CDC:

<https://www.cdc.gov/vaccines/pubs/pinkbook/pert.html>

# Whooping Cough Outbreak. Get Your Tdap Shot.



[www.cdc.gov/pertussis](http://www.cdc.gov/pertussis)