



**FROM:** Immunization Program  
San Francisco Department of Public Health

**DATE:** June 12, 2012

**Please Post**

## **Pertussis Still Present in San Francisco! Prevention and Proactive Case Management Crucial**

Bay Area health departments, including San Francisco, continue to receive reports of pertussis in infants, children and adults. It is imperative to continue cocooning efforts and to follow proper case management protocols. 10 California infants died from pertussis in 2010 and those deaths could have been prevented from awareness, vaccination and case management measures.

### **Cocooning and Tdap Vaccination**

- Cocooning is the act of vaccinating everyone around an infant – forming a cocoon of protection from pertussis. Anyone anticipating close contact with an infant aged <12 months should receive at least a single dose of Tdap or the full pediatric series of DTaP vaccines. This includes siblings, parents, grandparents, child-care and health-care providers.
- Pregnancy is not a contraindication to Tdap vaccine. Use Tdap to proactively vaccinate pregnant women in their third trimester.
- Use Tdap instead of Td in Emergency Departments and for wound management.

### **Testing and Case Management**

- Test for pertussis in patients with compatible symptoms, even if they have been recently vaccinated, as the vaccine is not 100 percent effective.
- DPH recommends that all high risk close contacts to a case of pertussis, including those who are asymptomatic, receive post-exposure prophylaxis (PEP). High risk contacts include infants <1 year old, pregnant women in their 3rd trimester, and persons who may expose them, including health care workers.
  - If DPH has recommended PEP for your patient, please assist us in providing it, even if the patient is up-to-date with pertussis vaccine.
- Close contacts to a pertussis case who are not high risk, should receive antibiotic treatment if they are coughing, even if they have not been coughing for more than two weeks and even if they are up-to-date with pertussis vaccine. If they are not up-to-date, they should receive a dose of pertussis vaccine in addition to antibiotic PEP.
- Please consult the attached Pertussis Quick Guide for clinicians, our website (<http://www.sfcddcp.org/pertussis.html>), or Disease Control Team (415-554-2830) for additional information about testing and public health management of cases and contacts.

### **AB 354 7<sup>th</sup> Grade Tdap law:**

- Reminder! All 7<sup>th</sup> grade students will need to show proof of Tdap vaccination by the start of school this fall, and every year thereafter. Immunize 6<sup>th</sup> graders at every opportunity and provide clear documentation for the student to bring to school.



# San Francisco Department of Public Health

## Communicable Disease Control & Prevention

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Edwin Lee, Mayor

### RESPONSE TO COMMUNICABLE DISEASES A QUICK GUIDE FOR SAN FRANCISCO CLINICIANS Pertussis (Whooping Cough) June 12, 2012

#### Clinical Disease

Consider Pertussis in a patient with cough lasting at least 2 weeks with paroxysmal cough, inspiratory “whoop,” or post-tussive emesis. **Mortality is highest in infants < 6 months old.**

#### Clinical Response

#### 1. PLEASE REPORT WITHIN ONE WORKING DAY ALL SUSPECT AND CONFIRMED CASES TO:

SFDPH Communicable Disease Control Unit (CDCU) &  
Telephone: 415-554-2830

Your Infection Preventionist (IP)  
(check your institution’s directory)

\* The San Francisco Public Health Department (SFDPH) and IPs will take steps to prevent additional cases.

#### 2. IMPLEMENT APPROPRIATE INFECTION CONTROL PRECAUTIONS

\* Patients are **infectious from onset of any catarrhal symptoms until 21 days after onset of paroxysmal cough** (if no or partial treatment was given). Communicability ends **after 5 days** of appropriate **antibiotic treatment**.

\* Use **droplet precautions** for all suspect cases:

- **Isolate** and **provide a face mask** for suspect patient to wear.
- Put the patient in a private room. Anybody entering the patient’s room should wear a surgical mask regardless of prior immunity. For transport, patients should be masked and requested to follow respiratory hygiene/cough etiquette.

#### 3. PURSUE DIAGNOSTIC TESTING (commercial labs are OK)

\* The best diagnostic tests for pertussis are **culture** and **PCR** from **nasal aspirate** or **nasopharyngeal** specimens.

Sensitivity varies and can decrease with specimen collection after antibiotic treatment (culture) and delayed collection (both). Obtain both tests. Negative test results in cases with compatible symptoms do not rule out pertussis.

\* Serology is a less reliable test for pertussis. DFA and ELISA tests are the least reliable and not recommended.

\* For more info see: [www.cdph.ca.gov/programs/immunize/Documents/CDPH\\_Pertussis\\_laboratory\\_testing\\_March2010.pdf](http://www.cdph.ca.gov/programs/immunize/Documents/CDPH_Pertussis_laboratory_testing_March2010.pdf)

#### 4. INITIATE ANTIBIOTIC TREATMENT FOR ALL SUSPECT CASES

\* Do not wait for diagnostic testing results. Begin empiric **antibiotic treatment immediately** in all suspect cases. For dosing recommendations, see [www.sfcdep.org/pertussis.html](http://www.sfcdep.org/pertussis.html)

#### 5. ENCOURAGE PATIENTS TO TAKE APPROPRIATE STEPS TO PREVENT THE SPREAD OF DISEASE

\* Encourage all pertussis cases to stay away from infants, young children, pregnant women and immunocompromised persons until they are **non-infectious**. Cases are non-infectious after 5 days of appropriate antibiotic treatment. If no or partial treatment was given, then cases are infectious until 21 days after onset of paroxysmal cough.

\* While infectious, SFDPH will exclude cases from sensitive situations (e.g. daycares, pre-schools, schools).

#### 6. HELP IDENTIFY EXPOSED CONTACTS AND PROVIDE POST-EXPOSURE PROPHYLAXIS (PEP)

\* Please provide information about exposed close contacts to CDCU and your IP; **they will identify and manage contacts** including making **PEP** recommendations for antibiotic therapy, vaccination or both.

\* **High risk close contacts** for PEP are infants <1 year old, 3<sup>rd</sup> trimester pregnant women, and persons who may expose them, including health care workers.

\* Clinicians may be asked to provide PEP and/or vaccinations to high risk close contacts. If PEP is recommended, it should be provided even if the contact is up-to-date with pertussis vaccine.

#### 7. PREVENT DISEASE WITH IMMUNIZATION

\* Universal immunization with pertussis containing vaccine is recommended for children and adults. Immunity wanes over time. Vaccination is especially important for those people that have close contact to infants and pregnant women. All health care workers should also receive the vaccine. Children from 7-9 years with an incomplete DTaP series should be given a dose of Tdap. For immunization schedules see: [www.sfcdep.org/yourvaccines.html](http://www.sfcdep.org/yourvaccines.html).