

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO:

**Primary Care Staff, Infectious Disease, Obstetrics, Emergency
Medicine, Internal Medicine, Pediatrics, Family Medicine,
Laboratory Medicine, and Infection Control Personnel**

FROM:

Patricia Firmender, MPH
Epidemiologist/VPD Surveillance Coordinator

Handwritten signature of Patricia Firmender.

Lynn Sosa, MD
Director of Infectious Disease/State Epidemiologist

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DATE: August 7, 2024

SUBJECT: Pertussis (Whooping Cough) Health Advisory

Dear Colleague:

There has been a statewide increase in pertussis cases since the beginning of this year. Since January 1, 2024, we have identified 93 cases of pertussis compared to 11 cases in all of 2023. Because of the increase in cases, the Connecticut Department of Public Health (CT DPH) is reminding health care providers that pertussis may present similarly to other respiratory illnesses like influenza, RSV, and COVID-19. We are also encouraging providers in the community to consider pertussis illness in the absence of a more likely diagnosis, when evaluating any patient with the clinical symptoms below:

- History of cough illness lasting 14 or more days with at least one of the following symptoms:
 - a. Paroxysms of cough; or
 - b. Inspiratory whoop; or
 - c. Post-tussive vomiting; or
 - d. Apnea (with or without cyanosis)

Testing

If pertussis is suspected, collect a nasopharyngeal swab for pertussis polymerase chain reaction (PCR) testing. The CT State Public Health Laboratory (SPHL) can perform pertussis PCR testing, as can many commercial laboratories. If you are interested in testing at the SPHL, please notify CT DPH staff by



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contacting the Immunization Program at 860-509-7929. If using a respiratory virus panel to test for multiple pathogens, confirm that it includes species specific pertussis PCR. If suspicion of pertussis is high, test but do not wait for results to treat. Specimens are most likely to be positive if collected within 2-3 weeks of cough onset and before completion of antibiotics.

For more information on laboratory testing for pertussis, visit:

CDC Laboratory Testing for Pertussis: <https://www.cdc.gov/pertussis/php/laboratories/index.html>
CT SPHL *Bordetella pertussis* PCR: <https://portal.ct.gov/-/media/departments-and-agencies/dph/laboratory/labhome/lab-pdf-files/clinical-tests/clin-dir-serv-bordetella-pcr.pdf>

Antibiotic Treatment and Exposure Recommendations

Early treatment of pertussis is very important. Clinicians should strongly consider initiating treatment prior to test results in the following situations:

- Clinical history is strongly suggestive of pertussis
- Person is at [high risk for severe or complicated disease](#)
- Person has or will have contact with someone at high risk for severe disease.

Patients with suspected pertussis should receive either erythromycin or trimethoprim-sulfamethoxazole for 14 days, azithromycin for 5 days, or clarithromycin for 7 days (see CDC Guidelines: <https://www.cdc.gov/pertussis/hcp/clinical-care/index.html>). People receiving treatment should stay home from childcare, school, and work until they have completed 5 days of appropriate antibiotics.

Provide antibiotics as post-exposure prophylaxis to all household members and other high-risk, close contacts of confirmed pertussis cases including infants, pregnant people, or immunocompromised people, regardless of vaccination status, to prevent illness and transmission if within 21 days of cough onset in the case. Antibiotics and dosing for treatment and prophylaxis are the same.

Recommendations for Vaccination

Although the DTP or DTaP vaccines (diphtheria, tetanus, pertussis) usually provide adequate protection against pertussis for young children, the effects of these vaccines wear off over time, leaving most teens and adults at risk of the disease. The Advisory Committee on Immunization Practices (ACIP) recommends that persons aged 11–64 years receive a single dose of Tdap for booster immunization against tetanus, diphtheria, and pertussis. The preferred age for routine Tdap vaccination is 11–12 years.

Infants aged <12 months are at highest risk for pertussis-related complications and hospitalizations compared with older age groups; young infants have the highest risk for death from pertussis. Pertussis



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vaccination begins at two months of age, but young infants are not adequately protected until the initial series of three shots is complete at 6 months of age.

Pregnant women should receive a dose of Tdap during each pregnancy, during 27–36 weeks gestation. If a provider chooses to wait to administer Tdap until pregnancy is completed, the vaccine should be given in the immediate postpartum period prior to hospital discharge. People who will have close contact with infants should receive the Tdap vaccine. Fathers may receive Tdap vaccine at any time, but preferably before the birth of their baby.

For more information on Tdap vaccine and pregnancy, visit:

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

Reporting

Pertussis is a physician and laboratory reportable disease in Connecticut. Pertussis reports must be submitted by mail or fax within 12 hours of recognition or strong suspicion of disease using CT DPH's Reportable Disease Case Report Form (PD-23: <https://portal.ct.gov/-/media/dph/infectious-diseases-section/forms/pd-23-july-2024.pdf>). Outbreaks of pertussis are immediately reportable by telephone.

Questions about pertussis may be directed to the DPH Immunization Program at 860-509-7929.

We greatly appreciate your partnership.



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