



To: CAHAN San Diego Participants

Date: November 14, 2024

From: Public Health Services

Health Advisory: Pertussis Increasing in San Diego County

Key Messages

- Pertussis cases in San Diego County (SDC) have increased in 2024 with 547 cases reported to date.
- Newborns and infants too young to be vaccinated are at greatest risk of hospitalization and death from pertussis.
- Every pregnant woman should receive the pertussis vaccine (Tdap) in every pregnancy at the earliest opportunity starting at 27 weeks gestation to protect their young infants after birth.
- The primary DTaP vaccine series is essential for reducing severe disease in infants and should not be delayed.
- The diagnosis of pertussis can be a challenge in young infants; lack of fever and mild initial symptoms may result in underestimating the potential severity of the illness.

Situation

To date, there have been 547 cases of pertussis reported in San Diego residents in 2024, which is greater than the 329 total cases in 2023. In 2024, cases ranged in age from less than 1 month to 85 years old with the majority in the 11–17-year-old age range.

Clusters of cases have been reported with increasing frequency in elementary, middle, and high school settings in the County. In addition, Tdap vaccination along with other childhood vaccines dipped during the pandemic. Results from the 2021-2022 Random Digit Dialing (RDD) survey, a telephone-based survey among San Diego residents to assess immunization coverage, knowledge, attitudes, and beliefs, found 82.1% of 13–17-year-olds were vaccinated with ≥ 1 dose of Tdap. This was a drop of almost 12% from the last RDD survey conducted in 2016-2017. Similarly, adolescents aged 11-12 showed a decrease of 7.6% coverage for one or more Tdap doses received after age 10 (Figure 1).

Background

Introduction of the acellular pertussis vaccine in the 1990s was followed by increased pertussis transmission with cyclic peaks every 3 to 5 years. San Diego County cases also peaked in 2010, 2014, and 2017 with 1,179, 2,104, and 1,163 cases, respectively. Severe disease is most common in infants too young to be vaccinated. Protecting these infants is critical when pertussis transmission increases. To that end, immunizing every pregnant woman during every pregnancy provides the best protection to young infants. The preferred time for pregnancy immunization is between 27 and 36 weeks of gestation. Women should be immunized irrespective of prior Tdap history. Family members and other individuals who will be involved with the infant's care should be up-to-date with their pertussis immunizations including one dose of Tdap for all those 11 years or older. The Centers for Disease Control and Prevention (CDC) recommends a single dose of Tdap for healthcare personnel who have not previously received Tdap and who have direct patient contact. After receipt of that Tdap, a dose of Td or Tdap is recommended every 10 years, especially for staff with direct contact with babies younger than 12 months of age.

Actions Requested

1. **Encourage** all individuals to be up-to-date with current pertussis vaccination recommendations.
 - a. Every pregnant woman should be immunized in every pregnancy, optimally at the first opportunity between 27 and 36 weeks of gestation. The California Department of Public Health (CDPH) in collaboration with local California health jurisdictions has developed a Prenatal Tdap Toolkit to assist in getting pregnant women vaccinated.
 - b. The primary DTaP series should be administered to children on time, with subsequent Tdap boosters according to the recommended schedule. Check the immunization registry (CAIR2) or EMR systems for receipt of up-to-date (UTD) status for teens to avoid missed opportunities to immunize.
 - c. Tdap may be substituted for Td for adults when a 10-year booster is needed regardless of the prior history of Tdap vaccination.
 - d. All healthcare workers should follow the same immunization guidance provided for all adults.
2. **Inquire** about recent possible pertussis exposures in schools or community settings and consider pertussis despite vaccination status when evaluating patients with respiratory symptoms.
3. **Consider** pertussis regardless of age in the differential of patients with unexplained, persistent cough or illness when COVID and influenza tests are negative. Symptoms of infection are generally milder in teens and adults, especially in those who have been vaccinated.
 - a. PCR testing is preferred and is widely available through local hospital laboratories.
4. **Initiate** antibiotic treatment prior to obtaining test results in patients with a clinical history suggestive of pertussis or with risk factors for severe complications. Azithromycin is the preferred antibiotic because of efficacy and compliance.
5. **Provide** post-exposure prophylaxis (PEP) regardless of vaccination status to all household contacts, caregivers, and other persons who have had direct contact with respiratory, oral, or nasal secretions from a symptomatic case. PEP antibiotic treatment is the same as treatment for disease and should not be shortened.
6. **Report** all suspected or confirmed cases to the Immunization Program via a Confidential Morbidity Report (CMR) by FAX to 619-692-5677 or by calling at 866-358-2966 (select option #5) during business hours.

Resources

Federal

[Clinical Features of Pertussis | CDC](#)

[Laboratory Testing for Pertussis | Pertussis \(Whooping Cough\) | CDC](#)

[Postexposure Antimicrobial Prophylaxis | Pertussis \(Whooping Cough\) | CDC](#)

State

[Pertussis Prevention Materials – California Vaccines for Children \(VFC\) \(eziz.org\)](#)

Local

[Pertussis \(sandiegocounty.gov\)](#)

[CAHAN: Pertussis Increasing in San Diego, 11-22-23.pdf \(sandiegocounty.gov\)](#)

Thank you for your participation.

CAHAN San Diego

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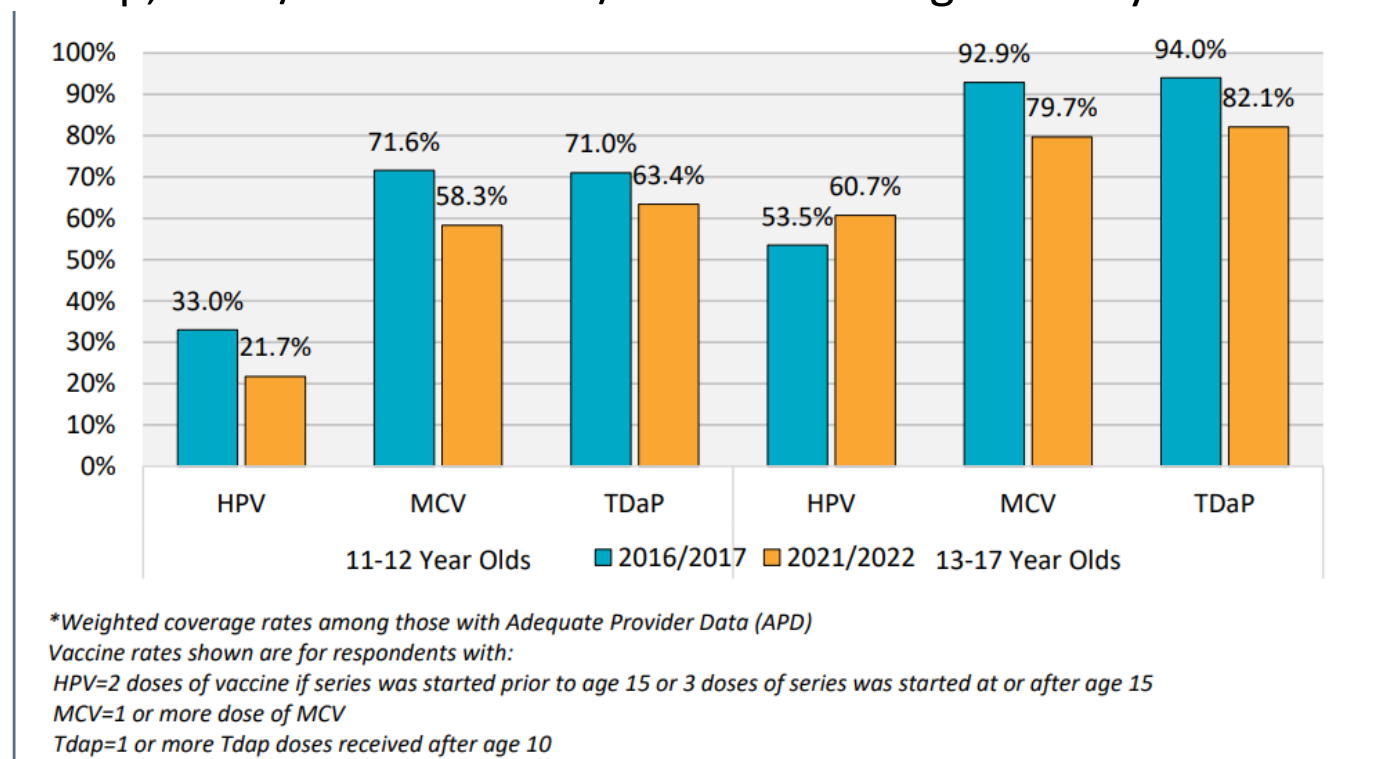
Public Website: <http://www.cahansandiego.com>

Epidemiology and Immunization Services Branch

Urgent Phone for pm/weekends/holidays: (858) 565-5255

Secure Website: <https://cahan.ca.gov>

Figure 1. Post Verification Vaccine Coverage Rates* by Age Group, 2016/2017 vs. 2021/2022 - San Diego County



All figures were prepared by County of San Diego Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch.