

Health Advisory: Health Advisory: Pertussis Exceeds 2,000 in MN

Minnesota Department of Health, Thu, Dec 5 13:00 CST 2024

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please distribute to health care professionals.

Health care providers:

- Increase suspicion for pertussis in patients presenting with cough illness for more than seven days or a cough of any duration for those who have had a known exposure to pertussis.
- Be aware that notification letters are sent to schools, colleges, and childcares where pertussis cases occur, informing students and staff to get tested if symptoms develop.
- Promote Tdap for those who are pregnant at every pregnancy and assess pertussis vaccination status of patients at every visit and vaccinate susceptible persons: [CDC: Pertussis Vaccination Recommendations \(www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html\)](http://www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html)
- Test by collecting nasopharyngeal specimen for PCR or serum specimen for IgG; consider collecting both PCR and serum for those with cough illness between two and four weeks. Most reference laboratories have ability to test for pertussis. For more information on timing of testing and general testing recommendations visit [MDH: Pertussis Laboratory Testing \(www.health.state.mn.us/diseases/pertussis/hcp/labfacts.html\)](http://www.health.state.mn.us/diseases/pertussis/hcp/labfacts.html).
- Treat pertussis and follow exclusion recommendations through the first five days of appropriate antibiotic treatment or first 21 days of cough illness, whichever occurs first. Visit [MDH Pertussis Treatment and Prophylaxis \(www.health.state.mn.us/diseases/pertussis/hcp/treatment.html\)](http://www.health.state.mn.us/diseases/pertussis/hcp/treatment.html) for more information.
- Administer post-exposure prophylaxis to household contacts, as well as to infants and pregnant persons exposed to someone with pertussis. Asymptomatic contacts do not need to be excluded from activities.
- Report clinically diagnosed and lab confirmed cases to the Minnesota Department of Health (MDH) at [Vaccine Preventable Disease \(VPD\) Reporting Form \(https://redcap.health.state.mn.us/redcap/surveys/?s=WTLER8NA7FYFFCE8\)](https://redcap.health.state.mn.us/redcap/surveys/?s=WTLER8NA7FYFFCE8).

Background

As of Dec. 4, 2,324 cases of pertussis have been reported in Minnesota. An increase in pertussis of this magnitude has not been seen since 2012. Cases are occurring statewide, with concentration in the seven-county metro. The median age of cases is 14 years, ranging from one month to 92 years; 77 cases have been in infants \leq 12 months of age. Among the cases, 57 have reported pneumonia and 34 have been hospitalized. The increase in cases is not unexpected given pertussis cycles every 3-5 years. Waning Tdap immunity among high school

age students is also contributing. Tdap begins to wane around one to two years after the most recent Tdap vaccine (routinely recommended for those between 11-12 years of age).

MDH works with school staff and other settings to provide letters for exposed families to be evaluated, tested, and treated for pertussis if a cough develops. For more information on exclusion recommendations used in school settings, visit [Pertussis: School and Activities Exclusion Recommendations](https://www.health.state.mn.us/diseases/pertussis/school/schoolexcl.pdf) (<https://www.health.state.mn.us/diseases/pertussis/school/schoolexcl.pdf>)

Pertussis cases can be misdiagnosed as acute asthma, bronchitis, sinusitis with persistent cough, or pneumonia. In the initial weeks, pertussis symptoms can resemble a cold. Additionally, vaccinated persons can experience milder forms of pertussis, presenting only with a prolonged cough; however, they still transmit disease. Therefore, testing for pertussis, even in mild cases, is crucial to prevent further transmission.

Contagious period, exclusion, and treatment

- People with pertussis are contagious for the first 21 days of coughing or until they have completed the first five days of appropriate antibiotic treatment, whichever occurs first.
 - Those with pertussis should stay home from work, school, and activities through the infectious period.
 - If cough duration is already beyond 21 days, antibiotics are not recommended, as the person is no longer contagious, and the medication will not relieve the symptoms; exceptions include those who are pregnant or infants <1 year of age, then treatment can be considered within 42 days of cough onset.
- People who receive post-exposure prophylaxis but do not have symptoms, do not need to stay home from school, work, or other activities.
 - If they develop symptoms, they should stay home through the first five days of the antibiotic treatment.
- More information on appropriate antibiotics for pertussis can be found at Pertussis Treatment and Prophylaxis (www.health.state.mn.us/diseases/pertussis/hcp/treatment.html)

Vaccination

Vaccination is crucial in preventing and reducing the spread of pertussis. Immunity to pertussis begins to wane one to two years after vaccination, clinicians should ensure the following:

- Vaccinate with Tdap during every pregnancy. Infants are at high-risk for complications and benefit from maternal antibody transfer. Tdap can be given any time during pregnancy during this community outbreak.
- Ensure on-time vaccination of infants, children, and adolescents according to the recommended schedule.
- Recall and catch-up incompletely vaccinated persons including teens and adults who may not have received Tdap, especially among those who care or live with infants.

- Adults should receive a Tdap booster every 10 years and as needed for wound management. Tdap can be used whenever Td is recommended to provide patients with protection against pertussis: [Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2019](#)
- Recall patients who are behind on DTaP or Tdap using the Minnesota Immunization Information Connection (MIIC). Refer to [Using Client Follow-up in MIIC \(www.health.state.mn.us/people/immunize/miic/train/followup.html\)](#).

For More Information

- [MDH: Pertussis Information for Health Professionals \(www.health.state.mn.us/diseases/pertussis/hcp/index.html\)](#)
- [MDH: Pertussis Information for Schools and Child Care \(www.health.state.mn.us/diseases/pertussis/school/index.html\)](#)
- [CDC: Child and Adolescent Immunization Schedule by Age \(www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html\)](#)
- [CDC: Adult Immunization Schedule by Age \(www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html\)](#)

A copy of this HAN is available at: [MDH Health Alert Network \(http://www.health.state.mn.us/han\)](#)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.