

Health Advisory: Outbreaks of Pertussis in Minnesota

Minnesota Department of Health, Thurs, May 30 14:00 CDT 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**:

- Test for pertussis in patients presenting with cough illness for more than seven days or more than three days if there has been known exposure to pertussis.
- Collect nasopharyngeal specimen for PCR or serum specimen for IgG (depending on cough duration).

Refer to <u>Pertussis Laboratory Testing</u> (www.health.state.mn.us/diseases/pertussis/hcp/labfacts.html).

- The Minnesota Department of Health (MDH) offers free testing services to clinics and patients encountering testing barriers. For more information call 1-877-676-5414 or complete the <u>VPD Test Kit Requests</u> (https://redcap.health.state.mn.us/redcap/surveys/?s=JLLNAWXPXHHFWMNX).
- Advise exclusion for the first five days of appropriate antibiotic treatment or first 21 days of cough illness, whichever occurs first.

Refer to <u>Pertussis Treatment and Prophylaxis</u> (www.health.state.mn.us/diseases/pertussis/hcp/treatment.html).

- Report pertussis cases that test positive or are clinically diagnosed to MDH at <u>Vaccine Preventable Disease (VPD) Reporting Form</u>
 (https://redcap.health.state.mn.us/redcap/surveys/?s=WTLER8NA7FYFFCE8).
- Assess pertussis vaccination status of patients at every visit and vaccinate susceptible persons according to routine DTaP or Tdap recommendations.
- Recall patients who are behind on DTaP or Tdap using the Minnesota Immunization Information Connection (MIIC).

Refer to <u>Using Client Follow-up in MIIC</u> (www.health.state.mn.us/people/immunize/miic/train/followup.html).

Background

As of May 23, 2024, there have been 73 cases of pertussis in Minnesota, which is the highest number of reported cases since 2020. This rise in pertussis cases is occurring statewide, with a particular concentration in the seven-county metro area. The median age for all probable and confirmed MN cases is 16, ranging from 4 months to 80 years. The most recent increase in cases has predominantly affected adolescents ages 11 to 18, with a significant outbreak occurring among middle and high school students. There are also reported increases of pertussis internationally, especially in Europe. Two of the outbreaks occurred after students had recently traveled internationally.

HEALTH ADVISORY: OUTBREAKS OF PERTUSSIS IN MINNESOTA

MDH is working with school staff and other activity settings to provide letters for exposed families to be evaluated, tested, and treated for pertussis if a cough develops. The increased number of cases among high school students is consistent with the epidemiology of waning immunity of the Tdap vaccine starting around one to two years after the most recent Tdap vaccine (routinely recommended for those between 11-12 years of age).

Pertussis cases are often misdiagnosed as acute asthma, bronchitis, sinusitis with persistent cough, or pneumonia. Misdiagnosis occurs because, in the initial weeks, pertussis symptoms usually resemble the common cold. Additionally, vaccinated individuals can experience a milder form of pertussis, presenting only with a prolonged cough. Despite the mildness of their symptoms, these individuals can still effectively transmit the disease. Therefore, testing for pertussis, even in mild cases, is crucial to prevent further transmission.

Contagious Period and Exclusion

Individuals with pertussis are contagious for the first 21 days of coughing or until they have completed five days of appropriate antibiotic treatment, whichever occurs first. Those diagnosed with pertussis and those who have been in contact with an infected person and are showing symptoms should stay home from work, school, and other activities during this infectious period. If the cough has persisted beyond 21 days, antibiotics are not recommended, as the individual is no longer contagious, and the medication will not relieve the symptoms.

More information on appropriate antibiotics for pertussis can be found on <u>Pertussis Treatment and Prophylaxis (www.health.state.mn.us/diseases/pertussis/hcp/treatment.html)</u>.

Vaccination

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

- On-time vaccination of infants, children, and adolescents according to the recommended schedule.
- Recall and catch-up of 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.
- Among those who are pregnant, Tdap vaccination is recommended during each pregnancy.

Additional Information

- MDH: Pertussis (Whooping Cough) (www.health.state.mn.us/diseases/pertussis/index.html)
- CDC: Child and Adolescent Immunization Schedule by Age (www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
- CDC: Adult Immunization Schedule by Age (www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)

HEALTH ADVISORY: OUTBREAKS OF PERTUSSIS IN MINNESOTA

A copy of this HAN is available at: <u>MDH Health Alert Network (https://www.health.state.mn.us/han)</u> 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.