



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

February 13, 2024

MEDICAL ADVISORY: PERTUSSIS CASES IN OAHU VISITORS

- HDOH is investigating five confirmed pertussis cases among a single household, including a child who was hospitalized. While there is no evidence of further transmission at this time, sporadic pertussis cases are known to occur in Hawaii.
- Ensure all eligible patients are appropriately vaccinated for pertussis.
- Be vigilant in identifying and urgently report suspect pertussis cases to HDOH.
- Collect a nasopharyngeal swab for PCR for diagnosis for suspected pertussis, preferably early in the course of illness.
- Early treatment is particularly important in infants and pregnant women.

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) has confirmed five cases of pertussis (whooping cough) among members of a single household including a child who was hospitalized. All five cases were unvaccinated. The family had traveled from the United States mainland and stayed at a hotel accommodation on Oahu. HDOH is coordinating with the Centers for Disease Control and Prevention (CDC) and other states to notify travelers who were exposed. HDOH investigation has identified no close contacts after the family's arrival in Hawaii.

In the past five years from 2019-2023, there have been 89 confirmed and probable pertussis cases reported in Hawaii, including 28 cases linked to three outbreaks. The last case prior to the currently reported cases occurred in March of 2023.

Healthcare providers should be vigilant in identifying potential pertussis cases and ensure all patients are appropriately vaccinated to prevent spread of pertussis. Early treatment may lessen symptoms and is particularly important in infants. Please see HDOH website: https://health.hawaii.gov/docd/disease_listing/pertussis/ for Pertussis information and current vaccination recommendations.

[Pertussis cough](#) is initially intermittent and later becomes paroxysmal (multiple, rapid coughs). Inspiratory whoop and post-tussive vomiting may also occur. Cough may persist for up to six weeks or more. Unvaccinated or incompletely vaccinated infants younger than age 12 months have the highest risk for severe complications and death. In infants, the cough may be minimal or absent, and apnea may be the only symptom. In previously vaccinated persons, the illness may be milder and the characteristic "whoop" absent, and therefore harder to diagnose. Those with mild disease may still transmit infection and are often the source of infection for young children.

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If a person suspected of having pertussis presents in your office:

- Promptly isolate to avoid disease transmission and place a mask on the patient.
- For diagnosis, collect a nasopharyngeal swab in viral transport media for PCR (available through commercial laboratories), preferably early in the course of illness (within 2–3 weeks of cough onset). In suspected outbreak scenarios, pertussis PCR can also be performed at the State Laboratories Division with pre-approval from the Disease Outbreak Control Division. Serologic diagnosis is not recommended because of poor sensitivity and specificity. For additional information on diagnostic testing, see: <https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html><https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html>.
- Early treatment may lessen symptoms and is particularly important in infants. Treat persons older than age one year within three weeks of cough onset, and infants younger than age one year and pregnant women (especially near term) within six weeks of cough onset. Current recommendations and guidelines for pertussis treatment can be found at: <https://www.cdc.gov/pertussis/clinical/treatment.html>.
- Post-exposure antimicrobial prophylaxis (PEP) should be considered for all household and close contacts. For more information regarding PEP, see: <https://www.cdc.gov/pertussis/pep.html>. Consult HDOH with questions regarding indications for PEP.
- Persons with pertussis are infectious from the beginning of the catarrhal stage (runny nose, low-grade fever) through three weeks after the onset of paroxysms, or until they have received five full days of effective antimicrobial treatment. Persons with pertussis should be excluded from school/work until completion of five days of appropriate antimicrobial therapy. Those who do not receive appropriate antimicrobial therapy should be excluded from school/work for 21 days after onset of symptoms.

Pertussis is an urgently reportable disease. Please report any clinically suspected case of pertussis immediately to:

Oahu (Disease Reporting Line) (808) 586-4586
Maui District Health Office (808) 984-8213
Kauai District Health Office (808) 241-3563
Big Island District Health Office (Hilo) (808) 933-0912
Big Island District Health Office (Kona) (808) 322-4877
After hours on Oahu (808) 600-3625
After hours on neighbor islands (800) 360-2575 (toll free)

We appreciate your vigilance and assistance in protecting our communities from the spread of pertussis.

Sincerely,



Sarah K. Kemble, M.D.
State Epidemiologist