JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I



DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

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April 5, 2024

In reply, please refer to:

MEDICAL ADVISORY: PERTUSSIS CASES IN HAWAII ISLAND RESIDENTS

- HDOH is investigating two confirmed pertussis cases in two separate resident households on Hawaii Island. These recent cases indicate community transmission of pertussis is occurring.
- HDOH urges all providers to strongly advocate for routine vaccinations including pertussis vaccination at every visit.
- 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 two cases of pertussis (whooping cough) and identified eight probable cases in two separate households without travel-related exposures on Hawaii Island. Both households have school age children that attend local schools but are in geographically distinct areas of the island. Currently, no one is hospitalized. HDOH is working with the families and schools to identify close contacts and encourage them to seek medical attention for prophylaxis and testing if symptomatic.

These confirmed cases follow five previous confirmed cases of pertussis in Oahu visitors among a single household in February 2024, which included a child who was hospitalized. The newer cases on Hawaii island are not connected with the February cluster. In the past five years from 2019-2023, there were 90 confirmed and probable pertussis cases reported in Hawaii, including 28 cases linked to three outbreaks. The last case prior to the currently reported cases in 2024 occurred in October of 2023.

These recent cases in two separate households is a reminder of the importance of vaccination. Healthcare providers should be vigilant in identifying potential pertussis cases. Early treatment may lessen symptoms and is particularly important in infants. Healthcare providers are strongly encouraged to review all routine childhood immunizations in their patient panels, including vaccination against pertussis. With the decrease vaccination rate of childhood immunizations since the COVID-19 Pandemic, the best way we can prevent these diseases from spreading is getting everyone caught up on their routine vaccinations. Please see HDOH website:

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<u>https://health.hawaii.gov/docd/disease_listing/pertussis/</u> 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.

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 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.
- Early <u>treatment</u> 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.

Post-exposure antimicrobial prophylaxis (<u>PEP</u>) should be considered for all household contacts, and other close contacts at higher risk for developing severe disease. 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)

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

Sincerely,

Sarah K. Kemble, M.D. State Epidemiologist

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Additional Resources:

Signs and Symptoms: https://www.cdc.gov/pertussis/about/signs-symptoms.html

Diagnostic Testing: https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html

Specimen collection for submission to State Laboratories Division: https://health.hawaii.gov/statelab/files/2019/05/sld-bacti-sr-pertussis-pcr.pdf

Current recommendations and guidelines for pertussis treatment: https://www.cdc.gov/pertussis/clinical/treatment.html

Post-exposure antimicrobial prophylaxis: https://www.cdc.gov/pertussis/pep.html