



**THIS IS AN OFFICIAL
WICHITA FALLS-WICHITA COUNTY PUBLIC HEALTH DISTRICT
HEALTH ADVISORY**

**This message is ONLY intended for distribution to HEALTH CARE PROVIDERS
and INFECTION CONTROL PRACTITIONERS.**

No further distribution is authorized without consent from the Health District.

Increase in Pertussis Cases

Date: March 5, 2025

Subject: Increase in Pertussis Cases

Summary:

The Wichita Falls-Wichita County Public Health District is reissuing this previous Health Advisory from November 2024 in response to a local increase in cases. There have been 6 reported cases in the last two weeks.

The Wichita Falls-Wichita County Public Health District advises clinicians to follow the recommendations below and report any cases within one workday as required in Chapter 97, Title 25 of the Texas Health and Safety Code. Please report confirmed cases to the Wichita Falls-Wichita County Public Health District at Phone - (940) 761-7803 or Fax – (940) 761-7659.

Recommendations for Clinicians:

Vaccination

- The best way to protect against pertussis is vaccination. Centers for Disease Control and Prevention recommends pertussis vaccines for people of all ages.
- Pertussis infection may occur in vaccinated people since protection from vaccination fades over time. Thus, all individuals should be kept current with pertussis vaccination. Check the vaccination history of all individuals and offer vaccines to anyone that is not up to date.
- Ensure infants get the DTaP series on time and that pregnant women are vaccinated every pregnancy with Tdap to help prevent infant hospitalization and death.

Categories of Health Alert messages:

Health Alert Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory Provides important information for a specific incident or situation; may not require immediate action.

Health Update Provides updated information regarding an incident or situation; unlikely to require immediate action.

Testing Symptomatic Patients

- Collect the test specimen prior to the patient starting any treatment. Test patients via culture and/or PCR assay, which are the preferred methods of pertussis testing. PCR assays are quick and widely available at hospital and commercial laboratories.
- **Consider beginning treatment prior to receiving test results, especially if clinical history is strongly suggestive of pertussis** (such as a long cough illness), the patient is at risk for severe or complicated disease (e.g., infants), or the patient has a known pertussis exposure and has not received prophylaxis.

Treatment for Cases

- Early treatment is critical to reduce illness severity and decrease the risk of spread to others. Treat patients within three weeks after cough onset, except for infants aged <1 year and pregnant women (especially near term), who should be treated within six weeks after cough onset.
- Consider prescribing antibiotics effective for pertussis treatment and prevention, which include azithromycin, erythromycin, clarithromycin, or trimethoprim sulfamethoxazole (TMP-SMX).
- Treat patients regardless of vaccination history. According to provisional Texas Department of State Health Services data, more than half of 2024 cases (53%) have occurred in persons with one or more doses of the pertussis vaccine, and 33% have had five or more doses.
 - Note: The Texas Medical Board changed its rules (Texas Administrative Code, Title 22, Part 9, Chapter 190, Subchapter B, §190.8) regarding the prescribing of prophylaxis for close contacts to infectious disease. Physicians may now prescribe pertussis antibiotics to contacts of pertussis cases without first medically evaluating the contact

Infection Control Precautions in Healthcare Settings

- Droplet precautions should be used for any suspected or confirmed pertussis cases until the patient has received at least five full days of an appropriate antibiotic.
- Healthcare workers should wear a mask and face protection, including, but not limited to, performing a physical examination on, feeding, or bathing a patient; bronchoscopy; intubation; or administration of bronchodilators.

Exclusion Guidelines

- People suspected of having pertussis should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store) until they have completed five days of appropriate antibiotic therapy. School and childcare exclusion are mandated by the Texas Administrative Code, Title 25, Chapter 97, Subchapter A, Rule §97.7.

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Post Exposure Prophylaxis (PEP) Recommendations for Contacts

| Contact Group* | Description | PEP Recommended?** | PEP Administration Timeframe |
|--|---|--|---|
| Household contacts | Persons who spend many hours together or sleep under the same roof | Yes | within 21 days of onset of cough in the index patient |
| Infants | Aged <12 months | Yes; high-risk for developing severe illness | within 21 days of the last exposure to an infectious pertussis case |
| All persons with pre-existing health conditions that may be exacerbated by a pertussis infection | EX: immunocompromised persons or those with a chronic lung disease | Yes; high-risk for developing severe illness | |
| People in contact with people at high risk of severe illness | <ul style="list-style-type: none"> ▪ Women in their third trimester of pregnancy ▪ All people in high-risk settings⁺ | Yes | |
| Other relatives, coworkers, classmates, acquaintances, etc. | Persons who do not fit into any of the above descriptions | No; recommend evaluation for symptoms and educated about pertussis | - |

*Some contacts may fall into more than one group. Base PEP recommendations on the group with the longest timeframe for administering PEP.

**Provide PEP regardless of vaccination history.

[^] Infectious period: from the beginning of symptom onset through the third week after the onset of paroxysms, or until 5 days after the start of effective antimicrobial treatment.

+High-risk setting: settings that infants aged <12 months or women in their third trimester of pregnancy. These include, but are not limited to neonatal intensive care units, childcare settings, and maternity wards.

Disease Reporting Requirements/Statute

- Several Texas laws (Health & Safety Code Chapters 81 and 84) require specific information regarding notifiable conditions be provided to DSHS. Health care

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providers, hospitals, laboratories, schools, childcare facilities and others are required to report patients who are suspected of having pertussis within one work day (Texas Administrative Code, Title 25, Chapter 97, Subchapter A).

- Pertussis reports should be made to your local health department. Please report any confirmed cases to the Wichita Falls-Wichita County Public Health District at (940) 761-7803.

For More Information:

- <https://www.dshs.texas.gov/vaccine-preventable-diseases/pertussis-whooping-cough>
- <https://www.cdc.gov/pertussis/index.html>
- <https://www.cdc.gov/pertussis/signs-symptoms/index.html>
- https://cdc.gov/pertussis/php/laboratories/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html
- <https://www.cdc.gov/pertussis/outbreaks/index.html>
- <https://www.dshs.texas.gov/immunizations/school>
- https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/?CDC_AAref_Val=https://www.cdc.gov/vaccines/vpd/pertussis/recs-summary.html
- <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/pertussis.html>

For more information about this advisory, contact the Wichita Falls-Wichita County Public Health District at (940) 761-7803.

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