



Cowlitz County Health and Human Services

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WEBSITE: www.co.cowlitz.wa.us/hhs

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Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

Health Advisory

To: Physicians and other health care providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the office of:

Steven Krager, MD, MPH
Health Officer

Cowlitz County Communicable Disease Program

Phone: (360) 414-5599, choose option 2, OR extension 6431

Monday-Thursday, 7:30 am to 5:00 pm

Alert Categories

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; no immediate action necessary.

Summary

Pertussis cases are increasing across the state, including in Cowlitz County. In the past several weeks, Cowlitz County received reports of Pertussis for the first time since 2021 and there is evidence of transmission occurring within the county.

Health care providers should be alert for patients with symptoms of pertussis and consider testing. Providers should also consider preventive antibiotics for household members of probable or confirmed cases.

People at highest concern for pertussis:

- Infants <1 year old (who are at greatest risk for severe disease and death)
- Pregnant persons in the last trimester (who will expose infants)
- Health care workers with direct patient contact (who may expose infants, pregnant persons, or others who have contact with infants or pregnant persons)
- Anyone who may expose infants <1 year old or pregnant persons (e.g., childbirth educators, childcare workers, members of a household with infants)

Requested Actions

- **Report cases to Cowlitz County Health & Human Services:** 24-hour secure fax: (360) 425-7531
- **Be aware that patients with a history of receiving pertussis vaccine can still get pertussis, though it is less likely.**
- **Consider the diagnosis of pertussis in the following situations:**
 - Respiratory symptoms in infants <12 months, especially if accompanied by difficulty feeding or apnea.
 - A cough illness, in patients of any age, that is characterized by one or more of the following:
 - paroxysms,
 - gagging, post-tussive emesis, or inspiratory whoop,
 - a duration of 2 weeks or more.
 - Respiratory illness of any duration in patients who have had contact with someone known to have had pertussis or symptoms consistent with pertussis.
- **Consider testing. Collect a nasopharyngeal swab for pertussis polymerase chain reaction (PCR) or culture.** PCR is the most sensitive and fastest diagnostic test. Culture is the most specific option, but not the most sensitive, and is rarely done. Note that serology should not be used for diagnosing pertussis cases in Washington.
 - Please note that a negative pertussis PCR or culture result **cannot** rule out pertussis. Treatment and case reporting may still be warranted, even with negative test results, per clinician's assessment.
 - CDC provides information about [best practices for using PCR to diagnose pertussis](#).

- **If you strongly suspect pertussis:**
 - **Treat:** CDC provides [detailed treatment guidance](#).
 - **Exclude:** Tell the patient to stay home from work, school, or childcare. Advise them that they are considered contagious until they have completed 5 full days of appropriate antibiotics.
 - **Consider** preventive antibiotics for the entire household and other contacts who meet any “high risk” criteria (above).
 - Targeted postexposure antimicrobial prophylaxis (PEP) is recommended for all household contacts and those who are at high risk for developing severe disease.
 - Chemoprophylaxis is recommended as soon as possible and within 21 days of exposure.
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Contact Cowlitz County Health & Human Services if needed to discuss clinically suspected pertussis cases for assistance in determining recommendations for prophylaxis and exclusion.

- **Assure children and adults are up to date on pertussis-containing vaccine as recommended by national guidelines.** Current vaccine schedules can be found on the [CDC Immunization Schedules webpage](#).
 - Prioritize vaccination of household members and other close contacts of infants.
 - Tdap is recommended during each pregnancy after 20 weeks gestation (ideally during weeks 27 through 36).

Diagnosing pertussis can be difficult, particularly during the early (catarrhal) stage of illness, which features [non-specific symptoms](#) and may not initially include a cough. For a patient with respiratory symptoms, known or suspected exposure to pertussis should prompt inclusion of pertussis in the differential diagnosis.

The incubation period for pertussis ranges from 5 to 21 days. A key feature that distinguishes pertussis from other common respiratory illnesses is the duration of the cough (usually longer than two weeks and can last 10 weeks or longer).

- CDC: Pertussis Clinical Features https://www.cdc.gov/pertussis/hcp/clinical-signs/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/features.html
- CDC Pertussis Testing Video: Collecting a Nasopharyngeal Swab Clinical Specimen <https://www.youtube.com/watch?v=zqX56LGltgQ>
- CDC: Pertussis Treatment for Clinicians https://www.cdc.gov/pertussis/hcp/clinical-care/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/treatment.html
- CDC: Best Practices for Healthcare Professionals on the use of PCR for Diagnosing Pertussis https://www.cdc.gov/pertussis/php/pcr-bestpractices/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-pcr-bestpractices.html
- DOH Weekly Pertussis Update <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>
- ACIP Immunization Schedules https://www.cdc.gov/vaccines/hcp/imz-schedules/?CDC_AAref_Val=