SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

SACRAMENTO
C O U N T Y

7001-A East Parkway, Suite 600A
Sacramento, CA 95823
phone (916) 875-5881
fax (916) 854-9709
www.scph.com

Pertussis Health Advisory
May 29, 2025

Situational Update

Pertussis usually follows a cyclical pattern with peaks in cases every 3-5 years. This was interrupted during the COVID-19 pandemic but this pre-pandemic pattern is returning[2], with an increase in cases seen last year at the national, state, and local levels. Sacramento County Public Health identified slightly over 70 cases in 2024 and about 70 cases have been identified just during the first four months of 2025. In Sacramento County, the highest rates have been among infants <1 year old. However, adolescents and adults are also vulnerable to pertussis; this can be due to lower vaccination rates in certain communities as well waning vaccine immunity over time[3]. This is demonstrated by a current outbreak among college-aged students in a neighboring county.
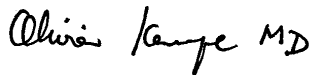
Actions Requested of Health Care Systems and Clinicians:

1. **Identify and isolate** patients with known or suspected pertussis in a single-person exam room and implement appropriate infection control precautions (e.g., droplet and standard precautions).

2. **Evaluate** patients for pertussis symptoms, **regardless of vaccination status**, and potential exposures.
   a. Symptoms[5]:
      - Early symptoms (catarrhal stage): cold-like symptoms (coryza, sneezing, occasional cough) with fever being absent or minimal; lasting 1-2 weeks with cough becoming more severe.
      - Later symptoms (paroxysmal stage): spasms of severe and rapid coughing fit with high-pitched "whooping" sound and post-tussive vomiting (may be milder in vaccinated persons, adolescents, and adults); lasting 1-6 weeks but can be up to 10 weeks.
      - Infant <1 year old: may present differently, including shorter catarrhal stage; experience apnea, facial color changes, unnoticeable cough or "whoop"; have leukocytosis with increased absolute lymphocyte count.
   b. Exposures: Consider exposures to known or suspected cases, including outbreak settings.

3. **Collect** respiratory samples for testing by polymerase chain reaction (PCR) (see Pertussis Quicksheet[5]). Serology testing is not recommended. If unable to perform PCR testing on site, testing is available at commercial labs.

4. **Treat** with appropriate antibiotics (e.g., azithromycin, clarithromycin, erythromycin) early on. Consider treating prior to obtaining test results if clinical history strongly suggests pertussis, patient is high risk for severe disease, or patient will have contact with someone at high risk for severe disease.

5. **Provide** postexposure prophylaxis (PEP) to close contacts, especially those at high risk for severe disease.

6. **Report** cases electronically to SCPH – via CalREDIE or confidential fax at (916) 854-9709 – within one working day of identification.

SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

SACRAMENTO
C O U N T Y

7001-A East Parkway, Suite 600A
Sacramento, CA 95823
phone (916) 875-5881
fax (916) 854-9709
www.scph.com

Resources:
1. Whooping Cough (Pertussis) (CDC): https://www.cdc.gov/pertussis/index.html
2. About Whooping Cough Outbreaks (CDC): https://www.cdc.gov/pertussis/outbreaks/index.html
3. Pertussis Vaccination Recommendations (CDC): https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html#:~:text=Immunity%20to%20pertussis%20following%20Tdap,protection%20against%20tetanus%20and%20diphtheria.
4. Pertussis (CDPH): https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/pertussis.aspx
5. Pertussis Quicksheet (CDPH): https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/PertussisQuicksheet.pdf

Sincerely,

Olivia Kasirye, MD, MS
Public Health Officer