



Yamhill County
Health and Human Services
Public Health

ALERT

**COPY AND DISTRIBUTE TO
Health Care Providers**

To: Health Care Providers in Yamhill County

From: Yamhill County Public Health

Date: **9/26/24**

Regarding: **Pertussis Case Identified in
Yamhill County**

Phone number for follow-up: **(503) 434-7483**

The intent of this message is to notify local healthcare partners that a Yamhill County child was recently diagnosed with pertussis and reiterate recommendations for treatment/prophylaxis.

Infants have the highest risk of pertussis-related complications and death as well as the highest reported incidence rate. During 2003–2023, infants accounted for 12% of cases and 76% of pertussis hospitalizations. Oregon pertussis deaths have been limited to infants; five have occurred since 2003. Tdap is highly effective at preventing pertussis hospitalization in infants when pregnant women choose to be vaccinated during their 27–36th week of pregnancy. Among 16 infant cases reported in Oregon to date in 2024, only one mother had a documented dose of Tdap during the pregnancy.

Key Recommendation:

To protect young infants, we recommend that those who are pregnant choose the Tdap vaccination at 27–36 weeks of pregnancy—irrespective of the mother’s prior history of receiving Tdap. Vaccination will stimulate the development of maternal anti-pertussis antibodies, which will pass through the placenta and protect infants—particularly those too young to be vaccinated against the disease.

When an infant or pregnant woman is in the household of someone with pertussis, all household members should receive a course of antibiotics effective against *Bordetella pertussis*—typically, a 5-day course of azithromycin.

Other Recommendations:

- Vaccination against pertussis is routinely recommended for infants, children, adolescents, and adults.
- All children should be vaccinated against diphtheria, tetanus and pertussis at 2, 4, 6 and 15–18 months, and again at 4 years to kindergarten age.
- All persons ages 10 and older should receive a single dose of Tdap.

The only methods for the laboratory diagnosis of pertussis are culture and polymerase chain reaction. PCR can provide timely results with improved sensitivity over culture.

Guidance and Resources:

- Use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccines: updated recommendations of the Advisory Committee on Immunization Practices—United States, 2019. Available at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm>.
- Oregon Health Authority Public Health Division Pertussis Investigative Guidelines. Available at <https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/pertussis.pdf>.

Additional resources:

- Maternal pertussis vaccination, infant immunization, and risk of pertussis. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5754921/>
- Pertussis vaccine performance in an epidemic year—Oregon, 2012. Available at <https://pubmed.ncbi.nlm.nih.gov/24748523/>
- Suffer the infants: a severe case of pertussis in Oregon, 2012. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529826/>
- <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pertussis1/Pertussis-PHR-Aug2019.pdf>

For questions, please contact Juventila Liko: juventila.liko@oha.oregon.gov.

Unless otherwise noted, feel free to share this HAN notification with:

- **Others within your organization.**
- **Professionals within your health, preparedness, and response affiliations.**

Oregon 24/7 disease reporting: 971-673-1111