



Pertussis Report, Wisconsin, 2017  
January 4, 2018

Using information reported to the Wisconsin Division of Public Health (DPH) via the Wisconsin Electronic Disease Surveillance System (WEDSS), this report summarizes pertussis case occurrence and investigation activity in Wisconsin during 2017. A summary of the DPH guidelines for the prevention and control of pertussis, including links to important resources, can be found starting at the bottom of this page.

### SUMMARY OF CASES

- During January 1 through December 31, 2017, 610 cases (425 confirmed and 185 probable) of pertussis with onset during 2017 were reported among Wisconsin residents. In comparison, 1,452 cases were reported during the same time period in 2016 (**Figure 1**). Note: Additional cases may have occurred during recent weeks that have not been completely investigated or reported to DPH.
- 56 of the 72 Wisconsin counties have reported cases during 2017. The greatest numbers were reported from Milwaukee, Kenosha, and Waukesha Counties. Reported incidence of pertussis was highest in Oneida, Taylor, Monroe, and Kenosha Counties (**Figure 2**).
- Median patient age at cough onset was 13 years (range: <1 month to 89 years). Occurrence was highest among infants aged <1 year and adolescents aged 14-17 years (**Figure 3**).
- Among case patients, 21 (3%) had reported hospitalizations. The median length of stay was 1.5 days.
- No deaths have been reported.
- Among case patients aged 2 months through 10 years, 63% were up-to-date for age with pertussis immunizations before cough onset. Among case patients aged 11 to 18 years, 85% had reportedly received Tdap before cough onset.
- 53 (9%) reported cases occurred among children aged <1 year. Among these case patients, 33 (62%) were aged <6 months. 11 (21%) were hospitalized. Additionally, 54% were up-to-date for age with pertussis vaccinations, 10% were eligible for another dose, 23% were not up-to-date for age, and 13% were too young for vaccination.

### SUMMARY OF INVESTIGATION ACTIVITY

- During December 2017, the rate of new pertussis investigations (an estimate of the current rate of pertussis activity) was higher in the Southeastern and Western regions compared to other regions in the state (**Figure 4**). Kenosha, Milwaukee, Outagamie, and Clark counties reported high levels of pertussis activity during December 2017.

### PREVENTION AND CONTROL OF PERTUSSIS

- For detailed DPH guidelines: <http://www.dhs.wisconsin.gov/immunization/pertussis.htm>  
<https://www.dhs.wisconsin.gov/publications/p0/p00637.pdf>
- **Infected individuals are most contagious during the catarrhal stage and the first 2 weeks after cough onset.** While pertussis and parapertussis are illnesses characterized by prolonged cough, waiting until a patient has a cough of 2 or more weeks duration before considering a diagnosis of pertussis will result in substantial transmission of *Bordetellae* to others. When pertussis is known to be occurring in a community, recognition of pertussis during the catarrhal stage of illness should be enhanced, particularly when a patient with catarrhal stage illness had known contact with a patient who has a confirmed or probable pertussis.
- Test for *B. pertussis* only in patients with an acute cough illness suspected of having pertussis. Test with both PCR and culture whenever possible. If only one test can be conducted, test with PCR. Nasopharyngeal (NP) swabs are the recommended specimen for pertussis testing and

should be collected as soon as pertussis is suspected (preferably within 21 day of cough onset) for the best chance of detection of the bacteria.

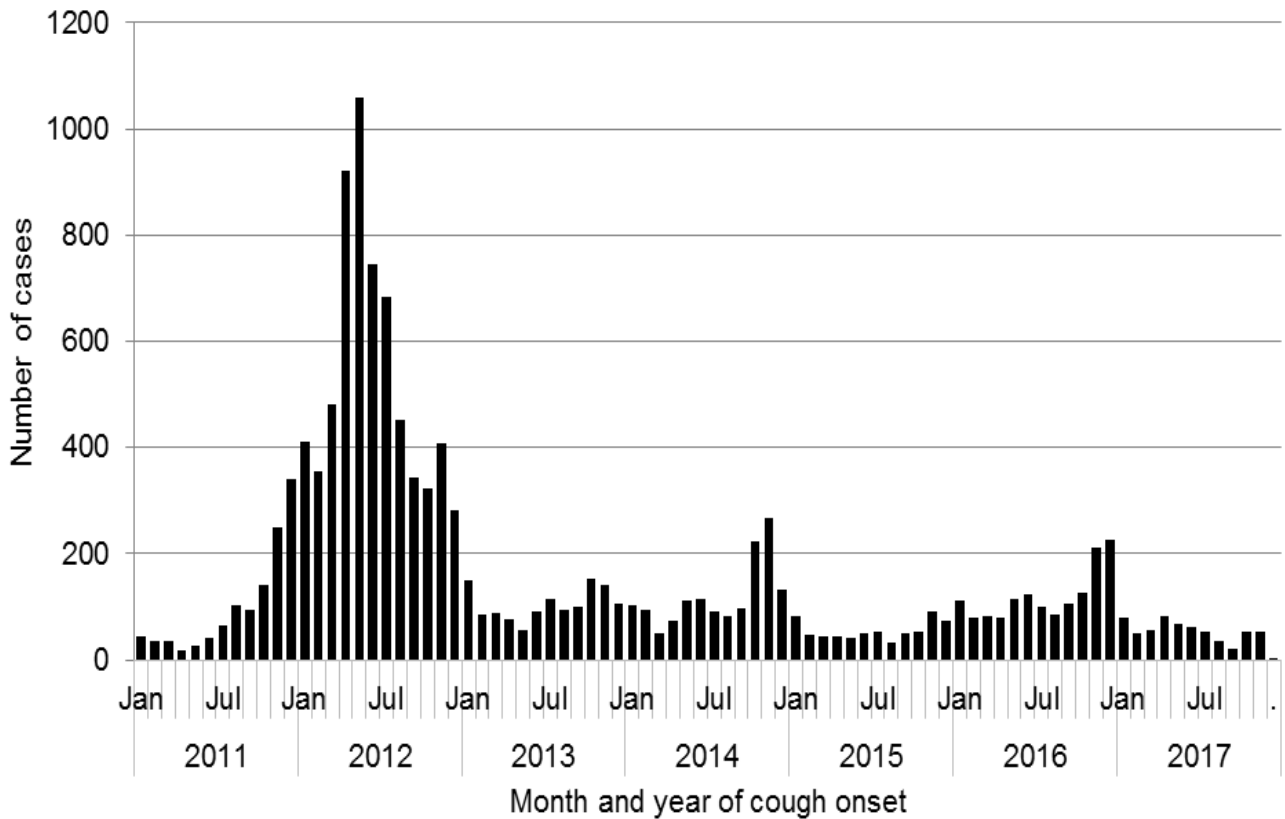
- Treat with a recommended macrolide, regardless of vaccination status, if the patient has been coughing for 21 days or less (42 days or less if the patient is an infant).
- Isolate until 5 full days of appropriate antibiotic treatment have been completed.
- Recommend prophylaxis for high-risk close contacts if the contact occurred within the last 21 days.
- Immunize according to ACIP recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- Report suspected cases to your local health department: <https://www.dhs.wisconsin.gov/lh-depts/counties/index.htm>
- Contact your DPH Regional Immunization Representative if you have other questions about pertussis or about this report: <https://www.dhs.wisconsin.gov/immunization/centralstaff.htm>

**DEFINITIONS**

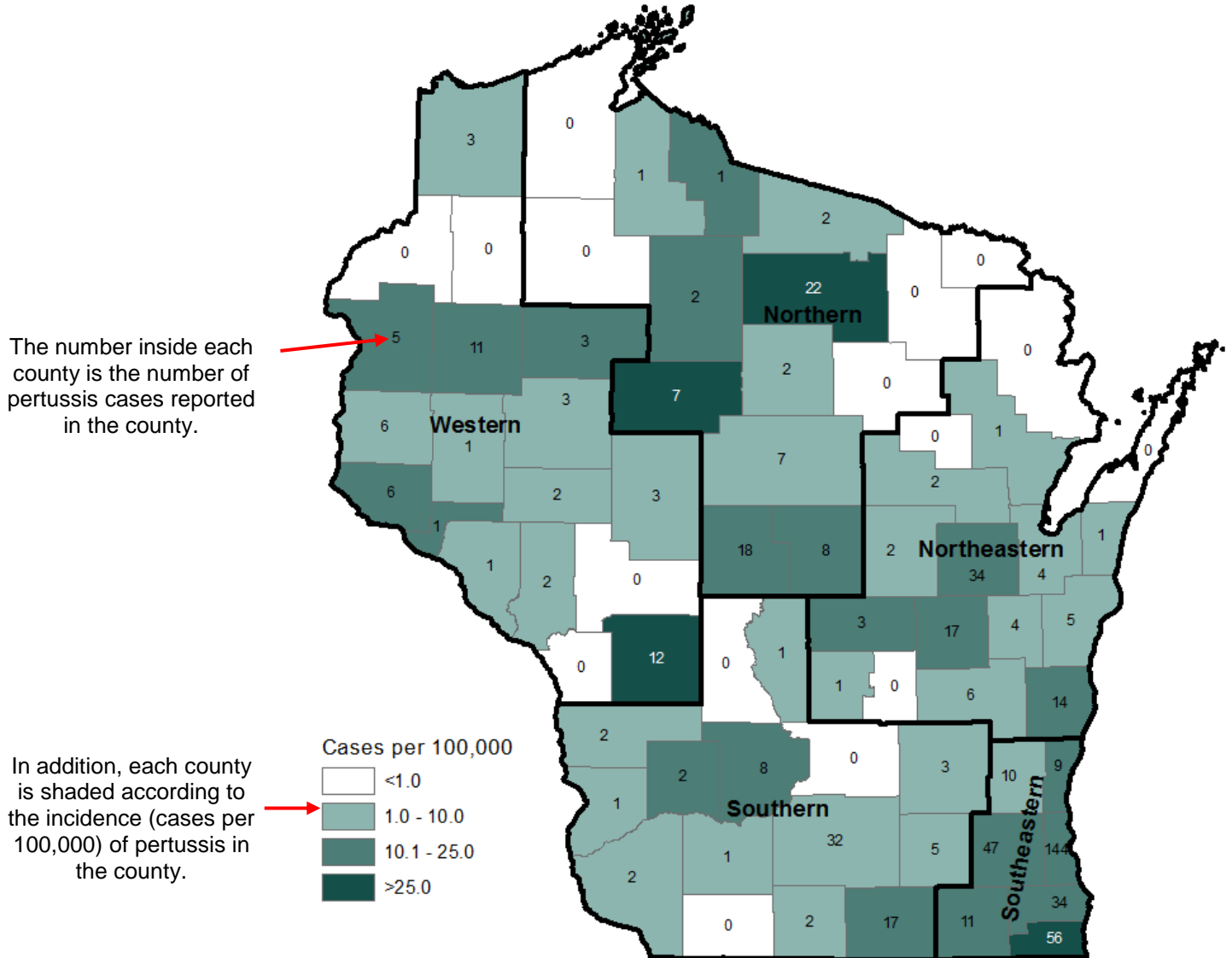
**Case:** An acute cough illness, with a completed investigation, meeting the CDC/CSTE case definition for confirmed or probable pertussis. CDC/CSTE definitions: <http://www.cdc.gov/pertussis/surv-reporting.html#case-definition>.

**Investigation:** The follow-up interview and actions taken by the local health department to control disease in an individual with a suspected case of pertussis and prevent disease among the individual’s close contacts.

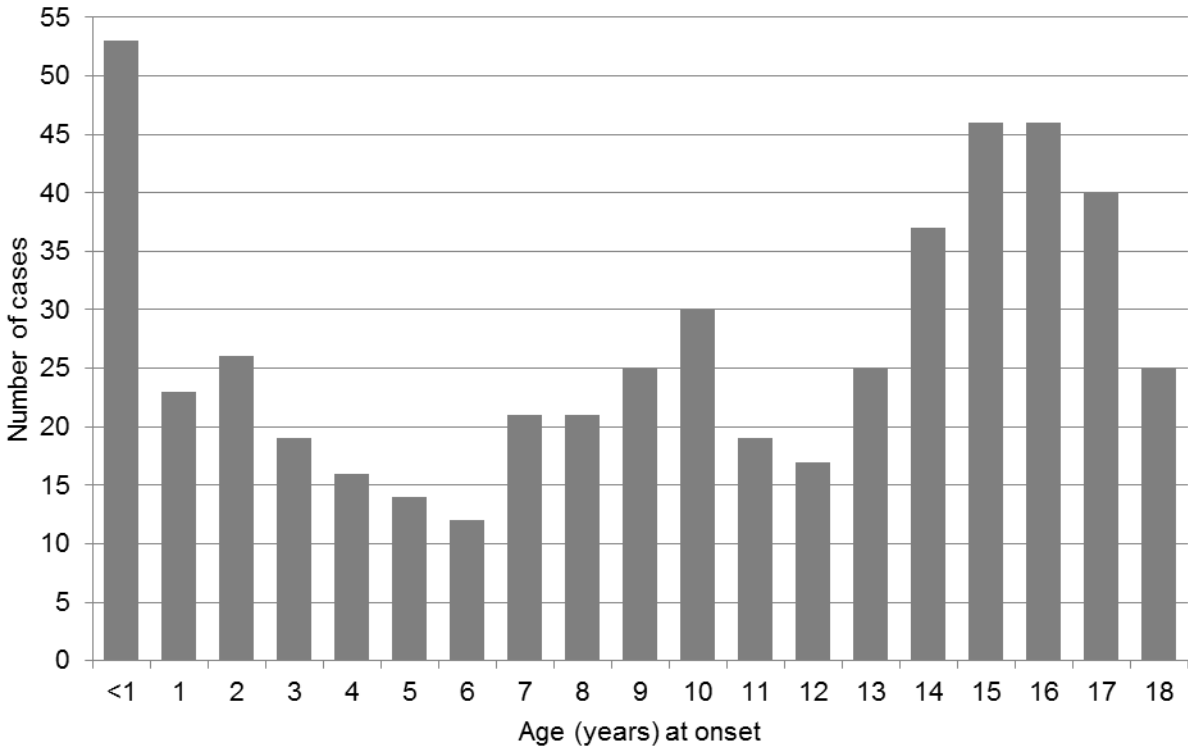
**Figure 1.** Number of reported confirmed and probable cases of pertussis by month and year of cough onset, Wisconsin, January 1, 2011 through December 31, 2017



**Figure 2.** Number and incidence of reported confirmed and probable cases of pertussis, by county of residence, Wisconsin, January 1, 2017 through December 31, 2017 (N=610)



**Figure 3.** Number of reported confirmed and probable cases of pertussis among children aged ≤18 years, by age at onset, Wisconsin, January 1, 2017 through December 31, 2017 (N=515)



Routine vaccination with the 5-dose DTaP series is recommended at ages 2, 4, 6, and 15-18 months and 4-6 years; routine vaccination with 1 dose of Tdap is recommended at age 11-12 years.

**Figure 4.** Number of new pertussis investigations (per 100,000), by public health region and month of report to the local health department, Wisconsin, January 1, 2014 through December 31, 2017

