

**FOR IMMEDIATE RELEASE 2/21/2024**

TO: Grant County Healthcare Providers

**FOR INFORMATION CONTACT**Katelyn Carter  
Lead Communicable Disease Investigator  
509-766-7960 EXT. 56  
[kcarter@granthealth.org](mailto:kcarter@granthealth.org)

24-Hour Duty Phone: 509-398-2083

**Pertussis Outbreak in Chelan-Douglas Counties*****Potential risk for cases to occur in Grant County.***

GRANT COUNTY, WA – The Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to notify the Grant County healthcare community of a school-based pertussis outbreak in Chelan-Douglas Counties. The Chelan-Douglas Health District (CDHD) has continued to investigate additional cases of pertussis since [its initial media release](#). As of February 16<sup>th</sup>, there has been one laboratory-confirmed case and 27 reported cases of pertussis associated with this outbreak. While there are currently no reported cases in Grant County, this outbreak could spread to neighboring counties.

**Pertussis Symptoms** - Healthcare providers should consider a diagnosis of pertussis in patients with unexplained cough, especially if greater than 2 weeks in duration. Symptoms of pertussis usually develop within 5 to 10 days but can present up to 3 weeks following exposure.

**Early symptoms** can last for 1 to 2 weeks and usually include:

- Runny nose
- Low-grade fever (generally minimal throughout the course of the disease)
- Mild, occasional cough
- Apnea – a pause in breathing (in babies)

Because pertussis in its early stages appears to be nothing more than the common cold, it is often suspected or diagnosed after more severe symptoms appear.

**Late symptoms** – As the disease progresses, after 1 to 2 weeks the traditional symptoms of pertussis may appear and include:

- Paroxysms (fits) of many, rapid coughs followed by a high-pitched "whoop"
- Vomiting during or after coughing fits
- Exhaustion after coughing fits

Pertussis is spread by respiratory droplets. As such, any patient with pertussis symptoms should be advised to wear a surgical mask and teams providing care should adopt and maintain droplet precautions.

**Pertussis Testing** – If pertussis is suspected, [PCR testing should be done](#). Please contact GCHD for any assistance with testing. **Notify GCHD immediately of any suspected or confirmed pertussis cases - 509-766-7960.** To report a case on the weekend or after hours, please call our emergency line - 509-398-2083.

Laboratory tests for pertussis can be done commercially. **PCR and culture are the most common tests; there is no role for serology in case ascertainment in WA. (DFA is no longer used for case identification.)** Test early in course of illness, if possible. **Culture, if positive, must be submitted to WA Public Health Laboratory (PHL) for confirmation.**

**Nasopharyngeal swab for culture:** culture is the most specific test, differentiates Bordetella species, but a negative culture does rule out pertussis. Most sensitive in the first two weeks of illness and in young children.

**Nasopharyngeal swab for PCR:** PCR is more sensitive but less specific than culture and does not differentiate between B. Pertussis and B. Holmsei. A negative PCR cannot rule out. **Store NP swabs in chocolate slant media (for culture) or dry (for PCR) and keep cold.** Keep isolate (culture) at ambient temperature, other specimens cold, ship according to PHL requirements <https://doh.wa.gov/public-health-provider-resources/public-health-laboratories/labtest-menu>

**Pertussis Treatment** – Providers should strongly consider post-exposure prophylaxis prior to test results if any of the following are present:

- Clinical history is strongly suggestive of pertussis
- The person is at risk for severe or complicated disease (e.g., infants)
- The person has or will soon have routine contact with someone that is considered at [high risk](#) of serious disease (e.g., pregnant women)

Generally, a 5-day regimen of azithromycin is preferred over other regimens, unless contraindicated.

**Vaccination** - School nurses should review students' immunization records. Students who do not have a vaccine or exemption on file should be seen by their provider to get their vaccines. **It is appropriate to offer vaccine (DTaP or Tdap, depending on age) to all individuals without proof of immunity.**

## Resources

[Washington State Department of Health report guidelines](#) | WA- DOH

[Vaccination Information for Healthcare Professionals](#) | CDC

[Specimen collection and Submission Instructions](#) | WA- DOH

[Best Practices for Healthcare Professionals on the Use of Polymerase Chain Reaction \(PCR\) for Diagnosing Pertussis](#) | CDC

###

---