



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

September 5, 2024

Dear Colleagues:

We write to make you aware of a recent increase in pertussis cases in Maryland and to reinforce diagnosis, testing, treatment, isolation and prevention guidance in order to prevent the spread of this infection. This increase in pertussis is occurring throughout the US, including in Maryland, and reflects a return to pre-pandemic patterns. Reports of pertussis decreased during the last several years, likely due to mitigation measures employed during the pandemic. In Maryland, there have been 58 confirmed cases in the first 7 months of 2024, compared with 5 confirmed cases during the first 7 months of 2023. Ages of cases range from 4 weeks to 78 years. Confirmed cases who are less than 1 years of age represent 19% of total cases, while adult cases, age 19 years and older represent 31% of all cases. Of note, 72% of the adult cases were not up to date on a Tdap pertussis booster.

Pertussis is a highly contagious respiratory tract infection that spreads through respiratory droplets and direct contact with respiratory secretions. Pertussis continually circulates in our communities, with peaks in disease every few years. Pertussis can affect every age group. However, the most at risk for severe disease are infants under 1 year of age.

A person with pertussis remains infectious from the onset of symptoms through the third week after cough onset or until 5 days after starting effective antibiotic treatment. Rapid identification, treatment, and chemoprophylaxis of close contacts are crucial to prevent ongoing transmission of this disease. Vaccination and proper respiratory etiquette are critical for the prevention of pertussis and severe disease due to pertussis, especially among infants.

Recommendations for Maryland Clinicians

- Consider pertussis in the differential diagnosis of a persistent or worsening cough in patients of any age and if any family members have a history of cough illness, *even if the patient is up to date on their pertussis containing vaccinations.*
- Test for pertussis by collecting a specimen using a nasopharyngeal (NP) swab for PCR and culture. See [Laboratory testing for pertussis](#) for information about these tests and how to collect specimens. Report all suspect and confirmed pertussis cases immediately to the local health department. This includes those cases that are clinically diagnosed.
- Prescribe antibiotics as early as possible during the course of illness, as treatment within the first 1 to 2 weeks is most effective for reducing symptom severity. Treatment

should be given prior to test results in cases where clinical suspicion is high, and when the patient is at high risk for severe disease or has or will have contact with someone at high risk for severe disease. Antibiotics will not change the course of the illness or prevent transmission if given later in the illness. The CDC does not recommend treatment after 3 weeks of cough for those one year and older except in cases of pregnancy. Pregnant women (especially if near due date) and babies under 1 year of age should not receive treatment if 6 weeks has elapsed since cough onset. Refer to the following for further details: [Treatment of Pertussis | Pertussis \(Whooping Cough\) | CDC](#)

- Inform anyone who is a suspect or confirmed case to stay at home and avoid contact with others until they have completed 5 days of antibiotics or had cough symptoms for at least 3 weeks.
- Ensure household contacts receive post-exposure prophylactic antibiotic therapy, regardless of vaccination status. If 21 days have passed since the onset of symptoms in the case, post-exposure prophylaxis may have limited use, but should still be considered for young infants, pregnant women and people who have contact with children. See [Postexposure Antimicrobial Prophylaxis](#).
 - **Please remember that for household and close contacts, including healthcare personnel, it is not necessary to test prior to prescribing chemoprophylaxis.**
- Ensure your patient population is vaccinated according to ACIP recommendations: [Summary of Vaccine Recommendations](#). Remember that Tdap should be used in place of Td vaccine unless there is a contraindication to the pertussis containing component.

For more information on pertussis, you can review this CDC [Clinical Overview of Pertussis](#) or contact the MD Center for Immunization at 410-767-6679.

Working together, we can help stop the spread of pertussis to the most vulnerable in our communities. Thank you for your continued efforts to protect, promote and preserve the health of all Marylanders.

Sincerely,



Niles Kalyanaraman, MD FACP
Deputy Secretary, Public Health Services

 MD FAAP

Lucia Donatelli, MD FAAP
Chief, MDH Center for Immunization