



Department of Health
Agency of Human Services



Health Department Reports Rise in Pertussis Cases

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BURLINGTON – The Vermont Department of Health has confirmed 26 cases of pertussis in the past six weeks, and 47 cases so far in 2011.

Since school began this fall, suspected or confirmed cases have been reported – or are under investigation – in 11 Chittenden County schools. The Health Department alerted health care providers statewide about an increase in the number of pertussis cases with advisories in November, and a statewide conference call on Dec. 6

“Pertussis is a cyclical disease and every three or four years it seems to surface again in a community,” said Susan Schoenfeld, deputy state epidemiologist for the Health Department. “While fully immunized children sometimes get pertussis, immunization remains the best protection, and we encourage everyone to be sure they are up-to-date on their immunizations.”

Pertussis, a vaccine-preventable disease commonly known as whooping cough, is highly contagious and caused by a bacterial infection of the lungs. The infection usually begins with mild upper respiratory symptoms and an irritating cough that gradually worsens to include spasms of coughing, possible whooping, short periods without breathing, or gagging or vomiting after coughing spells. Coughing usually lasts at least two weeks. Infants may have less typical symptoms such as gagging or difficulty breathing.

Serious complications from pertussis are most common among children under the age of 1, including pneumonia, encephalopathy (brain inflammation), and in rare cases, death.

Anyone who has clinical symptoms of pertussis should be evaluated by their health care provider. People with suspected or confirmed cases should be kept out of school, work, and group activities until five days of antibiotic therapy have been completed. The earlier a person – especially an infant – starts on treatment for whooping cough, the better.

The average number of cases in Vermont per year between 2008-2010 was 14. During the decade between 1997 and 2007, the average number of cases each year in Vermont was 164. The disparity could be related to the approval of a adolescent/adult pertussis booster vaccine (Tdap) that became available in 2005, Schoenfeld said.

While pertussis immunization is the best protection against pertussis, it's possible for fully vaccinated children to develop whooping cough, though they often have milder disease. Immunity to the disease can wane over time. The booster vaccine (Tdap) should be given to all Vermonters ages 10 and older. Anyone who has close contact with infants is strongly urged to get vaccinated.

School and child care entry laws in Vermont require multiple doses of a pertussis-containing vaccine, dependent on the age of the child. When pertussis is identified in a school, letters are often sent to parents to inform them of the illness, describe symptoms of whooping cough, and encourage parents to have children with symptoms examined by a health care provider.

The last widespread outbreak of pertussis in Vermont occurred in 1996 -1997. A total of 280 cases were identified in 1996, including 171 cases in school-aged children in 69 Vermont schools. In 1997, there were 283 cases.

For more information about pertussis, visit the Health Department website at healthvermont.gov.

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