

To: Vermont Health Care Providers, Health Care Facilities and School Nurses
Date: November 17, 2025
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Increased Pertussis Activity

Summary

Pertussis cases are increasing in Vermont with 36 cases reported since September 1. Additional suspect cases are under investigation. Although cases have occurred in multiple counties, most (n=23, 64%) have occurred in children and adolescents in Washington (n=18) and Lamoille (n=5) Counties; 16 cases are associated with a Washington County school outbreak with all cases being unimmunized or incompletely immunized for pertussis.

Background

Pertussis begins with mild upper respiratory tract symptoms similar to the common cold and progresses to cough, usually paroxysms of cough, characterized by inspiratory whoop (gasping) after repeated coughs on the same breath, which commonly is followed by vomiting. Fever is absent or minimal. Symptoms wane gradually over weeks to months. Cough illness in immunized children and adults can range from typical to very mild. The duration of classic pertussis is 6 - 10 weeks. Pertussis is most severe when it occurs in the first 6 months of life, particularly in preterm and unimmunized infants.

Requested Actions

Consider pertussis as a diagnosis for anyone who has at least one of the following conditions, **regardless of vaccination history:**

- Cough illness of any duration with either paroxysms, inspiratory whoop, post-tussive vomiting/gagging, or apnea (with or without cyanosis) in a person who has been exposed to pertussis, especially anyone who has been notified of potential exposure.
- Cough illness lasting ≥ 2 weeks with either paroxysms, inspiratory whoop, post-tussive vomiting/gagging, or apnea (with or without cyanosis), even without a known exposure history.

In infants, apnea may be the only symptom, and cough may be minimal or absent. In adolescents and adults, illness is generally less severe, and the typical “whoop” occurs less

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frequently. When the patient has close contact with an infant or others at increased risk for pertussis complications, have a lower threshold for considering pertussis.

Report all suspected and confirmed cases to the Health Department Infectious Disease Epidemiology program at 802-863-7240, option 2 (24/7).

Pertussis Testing

- Obtain a nasopharyngeal (NP) swab from all suspected cases for testing by PCR and culture as soon as possible and before administration of antibiotics. Do not test patients who are not symptomatic.
- Use a flexible polyester (Dacron® or rayon) or nylon-flocked swab. Cotton-tipped or calcium alginate swabs are not acceptable. Leave swab inserted for 5-10 seconds. Place swab into Regan-Lowe transport medium, ensuring the tip is completely covered. Only one swab is needed for both PCR and culture.
- Store specimen at 4 °C until able to ship. Samples should be shipped in an insulated container with ice packs and delivered to the Health Department Laboratory as soon as possible, ideally within 24 hours. Samples older than four (4) days from date of collection will be rejected for testing.
- The Health Department Laboratory can run tests for both PCR and culture from one specimen. Both tests must be requested using the [Clinical Test Request Form](#).
- A negative result does not rule out *B. pertussis* infection.

To order specimen collection kits, call the Health Department Laboratory at 802-338-4724.

Pertussis Treatment

- Patients with suspected pertussis should be treated and advised to stay home until five (5) days of antibiotic treatment have been completed, even before getting a test result, or even if a test is not done.
- Close household-type contacts of cases should receive postexposure antimicrobial prophylaxis (PEP).
- Empiric treatment is especially recommended for high-risk contacts in the household including infants, pregnant woman, and persons with pre-existing health conditions that

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may be exacerbated by a pertussis infection (e.g., immunocompromised persons and persons with moderate to severe asthma).

- If 21 days have already elapsed since onset of cough, the patient is no longer infectious, and treatment is not recommended because it will not improve the outcome.
- Prescribe PEP (same regimen as treatment) to close contacts of pertussis cases if exposure occurred within the previous 21 days (maximum incubation period for pertussis).
- Symptomatic contacts should be evaluated for pertussis. Asymptomatic contacts receiving PEP do not need to be excluded from their usual activities.

Stopping Pertussis Transmission

- **Isolate:** Inform patients with suspected pertussis to stay at home and avoid close contact with others until they have completed the fifth day of antibiotic treatment - OR - had cough symptoms for at least 21 days.
- **Provide Post-exposure Prophylaxis:** Ensure close contacts of all cases are identified and treated, as indicated, with PEP.
- **Vaccinate:** Vaccination is the best protection against pertussis. Because immunity from childhood pertussis vaccination wanes over time, the adolescent/adult pertussis booster vaccine (Tdap) is essential to reduce the risk of contracting pertussis and can decrease severity of disease.
- Under-immunized contacts of pertussis cases should be brought up to date with vaccinations.
- A Tdap booster is recommended for everyone age 11 or older every 10 years. The minimum interval between doses is 4 weeks.
- Pregnant individuals should receive a dose of Tdap during each pregnancy, preferably between weeks 27 and 36.

Providers participating in the Vermont VFC/VFA program: Contact the Health Department Immunization program at AHS.VDHIimmunizationProgram@vermont.gov or 802-863-7638 for information about ordering vaccine. Enrolled providers can utilize state-supplied vaccine for all Vermonters under 65 years of age in accordance with routine recommendations. Patients

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aged 65 and older should also receive vaccination in accordance with AAP, AAFP or ACIP recommendations through primary care providers or pharmacies.

Additional Resources

- [Whooping Cough \(Pertussis\)](#) (Vermont Department of Health)
- [VDHL Instructions for Collection and Packaging of Nasopharyngeal Specimens for Bordetella spp. PCR and/or Culture](#) (Vermont Department of Health)
- [Best Practices for Use of Polymerase Chain Reaction for Diagnosing Pertussis](#) (CDC)
- [Treatment of Pertussis](#) (CDC)
- [Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis](#) (CDC)
- [Pertussis Vaccination Recommendations](#) (CDC)

If you have any questions, please contact Laura Ann Nicolai at: LauraAnn.Nicolai@vermont.gov

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HAN Message Type Definitions

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