

ELABORATIONS

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Pertussis Update for Washington State

The Washington State Department of Health (DOH) [Vaccine Preventable Disease Program](#) is writing to share an update about pertussis activity in the state and to clarify requirements for laboratories under the state's [Notifiable Conditions Rule-Laboratories](#).

Background

Pertussis, also known as whooping cough, is a cough illness caused primarily by *Bordetella pertussis* bacteria. The illness is characterized by paroxysms or “fits” of coughing, which may lead to vomiting, an inspiratory whoop upon breathing in, and can be severe enough to cause broken ribs in adults. In infants, who are at the highest risk for severe disease, apnea may occur. Pertussis is highly contagious, and individuals with the disease are typically contagious for several weeks, with the course of illness often lasting up to 10 weeks or longer. The public health system conducts disease surveillance for pertussis and responds to cases and outbreaks with the goal to protect our most vulnerable community members.

During the ten-year period of 2010-2019, an average of 1,180 confirmed or probable pertussis cases were reported per year (range: 600 – 4,916 cases per year). Starting in 2020, with the onset of the COVID-19 pandemic and widespread pandemic mitigation strategies, reported case counts for pertussis dropped substantially, with only 15 cases reported in 2021, and 76 cases in 2022.

This year's resurgence

Throughout 2024, Washington State has been experiencing a significant resurgence in pertussis activity reminiscent of pre-pandemic disease levels. As of 8/31/2024, a total of 647 confirmed or probable pertussis cases had been reported statewide, compared to only 41 cases through the same period in 2023. This resurgence currently represents an approximately 14-fold increase in reported pertussis cases over 2023, with outbreaks reported in multiple local health jurisdictions (however, not all counties have had cases of pertussis so far this year). More information on pertussis activity in our state over time is available in the [Washington State Weekly Pertussis Update](#), which is updated on Fridays.

Clarifying requirements for laboratories for pertussis under WAC [246-101-201](#)

Detection of *Bordetella pertussis* in the laboratory through a nucleic acid amplification test (NAAT), such as polymerase chain reaction (PCR), or a culture-based method results in a requirement to report the laboratory result to the public health system within 24 hours.

Some confusion has arisen over when specimen submission to the Washington State Public Health Laboratories (WA PHL) is required. Specimen submission is required in two circumstances:

1. A positive culture for *B. pertussis* was obtained. Always submit all *B. pertussis* isolates to WA PHL within 2 business days.
2. **Upon request only:** if no isolate is available, a specimen associated with a positive result.
 - a. Submission of NAAT- or PCR-positive specimens is generally **not required** unless specifically requested by the Local Health Jurisdiction or by DOH.

WA PHL has experienced an increase in submissions of specimens that had already tested PCR-positive for *B. pertussis*. These specimens do not need to be submitted to WA PHL unless requested, and generally **will not be tested**. We are planning to revise the [Notifiable Conditions Poster for Laboratories](#), as the icons and legend do not fully represent the scenarios in which *B. pertussis* specimens are required to be submitted to WA PHL.

Note: there is still no requirement to report positive serology tests for pertussis, and those serum specimens do not need to be submitted.

Pertussis is difficult to diagnose, and it requires specific treatment, so laboratory testing is recommended for all patients who are suspected of having pertussis. The role of laboratorians in identifying cases of pertussis is critical to the public health system and forms the foundation of our ability to respond to and mitigate disease occurring in our communities.



Practice Guidelines

The following practice guidelines have been developed by the Washington Clinical Laboratory Advisory Council. They can be accessed at the [Medical Test Site Program website](#).

- Acute Diarrhea
- Anemia
- ANA
- Bioterrorism Event Management
- Bleeding Disorders
- Chlamydia
- Diabetes
- Group A Strep Pharyngitis
- Group B Streptococcus
- Hepatitis
- HIV
- Infectious Diarrhea
- Intestinal Parasites
- Lipid Screening
- PAP Smear Referral
- Point-of-Care Testing
- PSA
- Rash Illness
- Red Cell Transfusion
- Renal Disease
- STD
- Thyroid
- Tuberculosis
- Urinalysis
- Wellness



2025 Virtual Joint Spring Seminar (ASCLS-WA, ASCLS-OR, & ASCLS-AK), April 3-4

2025 Virtual Northwest Laboratory Symposium (NWMLS), (date TBA)

The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to chuck.talburt@doh.wa.gov. Information must be received at least one month prior to the scheduled event. The editor reserves the right to make final decisions on inclusion in *ELABORATIONS*.

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