ELABORATIONS

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Pertussis Updates – Washington State

The Washington State Department of Health's (DOH)

Vaccine Preventable Disease Program is sharing an update about pertussis activity in the state and to clarify requirements for laboratories under the state's Notifiable Conditions Rule-Laboratories. This update follows the publication of the pertussis article in the November/December 2024 Elaborations publication.

Background

Pertussis, also known as whooping cough, is a cough illness caused primarily by the bacterium *Bordetella pertussis*. 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 of severe disease, apnea may occur. Pertussis is highly contagious, and individuals with the disease are typically infectious 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 to protect our most vulnerable community members.

During the 10 years from 2014 to 2023, an average of 500 confirmed or probable pertussis cases were reported per year in Washington State. Starting in 2020, with the onset of the COVID-19 pandemic and the implementation of widespread mitigation strategies, reported case counts for pertussis dropped substantially, with only 15 cases reported in 2021, 76 in 2022 and 87 in 2023.

2024 Resurgence

In 2024, Washington State experienced a significant resurgence in pertussis activity reminiscent of prepandemic disease levels. More than 2,200 confirmed or probable pertussis cases were reported statewide in 2024, compared to only 87 in 2023. This was a 25-fold increase over the previous year and the highest incidence since 2012. Pertussis was widespread, affecting 34 of the state's 39 counties, with a significant spike in cases occurring during the final quarter of the year. By year-end, the overall incidence rate reached 28.4 cases per 100,000 residents. Infants under one year of age were particularly vulnerable, experiencing a rate of 232.2 cases per 100,000. Tragically, the state reported its first pertussis-related death since 2011—a reminder of the disease's potential severity.

More information on pertussis activity in 2024 can be found in <u>the Washington State Annual Pertussis Summary, 2024 Preliminary Data report</u>. Current pertussis data are available in the <u>Washington State Weekly Pertussis Update</u>, 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. When a positive culture for *B. pertussis* is obtained. Always submit all *B. pertussis* isolates to WA PHL within two business days.
- 2. **Upon request only:** if an isolate is not 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 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**. The <u>Notifiable Conditions Poster for Laboratories</u> has been updated with a footnote (footnote #6) to clarify 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 the disease. 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 <u>Medical Test Site Program website</u>.

- 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 32nd Annual Washington Clinical Laboratory Conference: November 17

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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