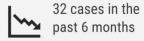
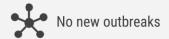
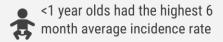
# **Pertussis Surveillance**

#### **February Key Points**



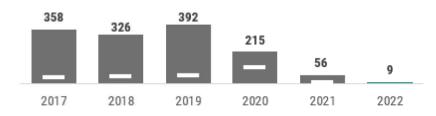








In 2022, 9 pertussis cases were reported in 6 counties. There was a 85% decrease in the number of pertussis cases reported between September 2021—February 2022 compared to September 2019—February 2020 (n=215 cases).



\*The white bars indicate the total number of cases as of February for each year

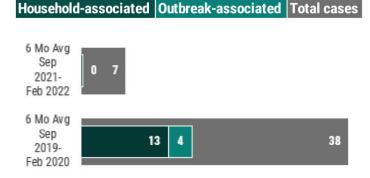


The number of pertussis cases reported in February decreased from the previous month and was below the previous 5-year average.





No **outbreak-associated cases** and **2 household-associated** cases have been identified in the past 6 months. For most pertussis cases, exposure to other known cases is not identified and are not able to be linked to outbreaks.





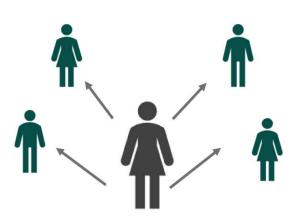
### **Pertussis Surveillance**

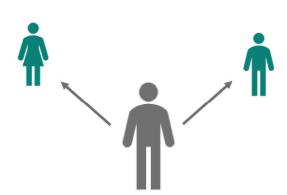


An average of 4 contacts per case between September 2019 and February 2020 were reported compared to an average of 2 contacts per case between September 2021 and February 2022. Contacts are classified as people whom antibiotics were recommended to prevent illness. Antibiotics can shorten the amount of time cases are contagious and can also be used to prevent illness in those exposed. Understanding pertussis transmission is a key factor in decreasing pertussis infections. In Florida, transmission setting is not routinely identified for non-outbreak cases, resulting in 88% of cases reporting unknown setting in the past six months.

## **September 2019 to February 2020**

## **September 2021 to February 2022**







The average incidence rate was highest among <1 year olds at 0.3 cases per 100,000 population between September 2021 and February 2022, which is 13 times lower than the average incidence rate for <1 year olds between September 2020 and February 2021. Infants experience the greatest burden of pertussis infections, not only in number of cases but also in severity. Infants <2 months old are too young to receive vaccinations against pertussis, which is why vaccination of parents, siblings, grandparents, and other age groups is important in infection prevention among infants.



### **Pertussis Surveillance**



In 2022, over half of cases were not reported up-to-date on their pertussis vaccinations. **In general, those who have received at least one pertussis vaccination have less severe outcomes than those who have never been vaccinated.** If a person was born before December 1st, 1982, the current pertussis immunization recommendation would not have been implemented when they were receiving their childhood immunizations. Based on the case's age, **4 cases** would not have been vaccinated under the current childhood immunization recommendations.

Never vaccinated	Under- vaccinated	Self-reported undervaccinated	Too young for vaccines	Up-to-date on vaccinations	Self-reported up-to- date on vaccinations	Unknown vaccination status
0-1 mo. 2-3 mo. 4-5 mo.				1		1
6-17 mo. 18 mo5 yrs. 6-11 yrs.					1	
12-18 yrs. 19-34 yrs. 35-49 yrs.	1	1			1	
50-64 yrs. 65+ yrs.	'	1				



#### **National activity**

The number of pertussis cases gradually increased since the 1980s, peaking in 2012 at levels not seen since the 1950s. Since 2012, the number of pertussis cases started gradually decreasing. Pertussis incidence has remained highest among infants <1 year old and lowest among adults ≥20 years old since the 1990s.

#### Pertussis surveillance goals

- Identify cases to limit transmission in settings with infants or others who may transmit pertussis to infants
- Identify and prevent outbreaks
- Identify transmission settings in non-outbreak cases to prevent the spread of sporadic cases
- Identify contacts of cases and recommend appropriate prevention measures, including exclusion, antibiotic prophylaxis, and immunization
- Monitor the effectiveness of immunization programs and vaccines

To learn more about pertussis, please visit FloridaHealth.gov/Pertussis. For more information on the data sources used in Florida