The number of pertussis cases reported in February increased from the previous month and was above the previous 5-year average. In general, more pertussis cases are reported during the summer months. An increase in case counts may be due to a change in the case definition for pertussis, please see the last page for more information.

From January 1, 2020 through February 29, 2020, 102 pertussis cases were reported in 34 counties.

Since 2015, the number of pertussis cases reported annually remained stable. Pertussis cases last peaked between 2013 and 2014. In 2020, case counts were slightly higher than those seen during non-peak years, as indicated by the white bars in the graph.

In February, 18 (32%) of 57 total pertussis cases were associated with transmission within households and no cases were outbreak-associated. For most pertussis cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

No pertussis outbreaks were reported in February.
For each pertussis case reported in February, there was an average of 3 contacts for whom antibiotics were recommended to prevent illness. For those diagnosed with pertussis, antibiotics can shorten the amount of time they are contagious to others. Antibiotics can also be used to prevent illness in those who have been exposed to someone with pertussis while they are contagious.

In February, the rate of pertussis was highest among infants <1 year old at 3.9 cases per 100,000 population, which is consistent with previous months. 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 so important to help prevent infection in infants.

Vaccination is the best way to prevent pertussis infections. In February, over half of individuals reported with pertussis had not received the recommended number of pertussis vaccinations for their age or had unknown vaccination status. Self-reported vaccination status that could not be verified is shown with a diagonal pattern. Vaccination against pertussis is important for everyone including infants, children, teenagers, and adults. Pregnant women should get vaccinated during the third trimester of each pregnancy to protect their babies. See the last page of this report for links to vaccination schedules recommended by the Centers for Disease Control and Prevention.
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 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 for pertussis surveillance, see the last page of this report.
Case Data
- Current case data are preliminary and will change as new information is gathered. The most recent data available are displayed in this report.
- Pertussis, varicella, and hepatitis A are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- Only Florida residents are included in case counts, but contact investigations are conducted for all exposed individuals.
  - Pertussis, varicella, and hepatitis A case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and hepatitis A into Merlin.
  - Household-associated cases are defined as ≥2 cases exposed within the same household.
  - Pertussis outbreaks are defined as ≥2 cases associated with a specific setting outside of a household.
  - Varicella outbreaks are defined as ≥5 cases associated with a specific setting outside of a household.
- For more information about reportable diseases, please visit FloridaHealth.gov/DiseaseReporting.
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit FloridaHealth.gov/GSI.

Population Data
- Population data from 2020 used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit FLHealthCharts.com.

Vaccination Data
- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- For more information about immunization schedules, please visit www.CDC.gov/Vaccines/Schedules/index.html.
- Individuals are considered up-to-date on vaccinations if they have received the recommended number of doses of vaccine for a particular disease for their age at the time of their illness onset. Individuals are considered under-vaccinated if they have received at least one but not all doses of vaccine recommended for a particular disease for their age at the time of their illness onset.