



County of Santa Cruz

HEALTH SERVICES AGENCY Public Health Division

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PUBLIC HEALTH ADVISORY

To:	Santa Cruz County Healthcare Providers
From:	Lisa B. Hernandez, MD, MPH, County Public Health Officer
Subject:	Increase in Local Pertussis Cases
Date:	March 4, 2026

Situational Update:

Since January 1, 2026, Santa Cruz County Public Health has received reports of 8 new pertussis cases in the county. Six of these cases are middle and high school aged children. This follows a similar uptick in pertussis cases during December 2025 and reflects an increase above baseline. Pertussis cases are cyclical in nature, with peaks typically occurring every 2-5 years. The most recent peak in Santa Cruz County occurred in 2019.

Due to the recent increase, Santa Cruz County Public Health officials recommend that local medical providers consider pertussis in any individual presenting with a progressive cough illness lasting longer than one week, particularly if post-tussive vomiting and/or paroxysmal coughing occurs. Be aware that early symptoms may resemble a common cold and that vaccinated individuals may present with milder symptoms.

Background:

Clinical Presentation:

- Pertussis (whooping cough) is an acute bacterial infection of the respiratory tract caused by *Bordetella pertussis*. Clinical presentation can vary, particularly in infants < 1 year of age and previously vaccinated people:
 - *Catarrhal stage*: (initial 1-2 weeks) non-specific, cold-like symptoms of fatigue, runny nose, sneezing, and mild cough. Minimal or absent fever
 - *Paroxysmal stage*: Spasms of severe coughing fits occur followed by a sudden deep inspiration (causing the “whooping” sound). Adults and adolescents typically don’t make this sound. Post-tussive vomiting is common in all ages. Illness is often milder in vaccinated individuals (e.g. post-tussive vomiting may not occur)
 - *Convalescent stage*: coughing symptoms slowly resolve, often lasting 6-10 weeks

- Infants <1 year old may have a shorter catarrhal stage, and they may not experience a noticeable cough or “whoop”. Instead, infants may gag, gasp, or become apneic, and their facial color may turn blue, purple, or red. Infants are more likely to experience severe complications, such as pneumonia, seizures, and death.

Infectious Period:

- Pertussis is highly contagious. Transmission typically occurs when a susceptible person inhales aerosolized droplets from the respiratory tract of an infected person
- The incubation period is typically 7-10 days
- Infected cases \geq 1 year of age are considered infectious from the onset of cold-like symptoms until after 5 days of antibiotic treatment or until 21 days after cough onset if no (or partial) treatment is given
- Infants < 1 year of age are considered infectious for 6 weeks without treatment

ACTIONS REQUESTED OF HEALTHCARE PROVIDERS

Diagnosis:

- Suspect pertussis in the following situations, even if the person has been vaccinated:
 - Persistent or worsening cough in an infant \leq 3 months
 - Persistent or paroxysmal cough accompanied by gagging, post-tussive vomiting, or inspiratory whoop in patients of any age
 - Cold-like symptoms in a patient who has been a close contact with a known pertussis case
- A presumptive clinical diagnosis can be made in the following situations:
 - Cough of any duration with at least one characteristic symptom AND a known exposure or active outbreak
 - Unexplained cough for two weeks or more with at least one characteristic symptom
- The preferred methods for the laboratory diagnosis of pertussis are PCR or culture from a nasopharyngeal specimen (*B.pertussis* is difficult to isolate and use of culture is rare)
 - Only test patients with signs and symptoms of pertussis. Testing asymptomatic persons increases the likelihood of obtaining falsely positive results
 - Only test patients during the first 3 weeks of cough when bacterial DNA is still present
 - Do not test patients who have had >5 days of antibiotics

Treatment:

- Start antibiotic treatment immediately if pertussis is suspected; do not wait for a laboratory confirmation. Negative results do not rule out pertussis
1. Antibiotic treatment is indicated within 3 weeks of cough onset. Treatment is not usually recommended after 3 weeks, except for in pregnant individuals, who may be treated up to 6 weeks after cough onset to prevent transmission to neonates

- Prophylactic antibiotic treatment is recommended in all household contacts of a case, regardless of age or vaccination status. Antibiotic regimens for treatment and postexposure prophylaxis are identical
- Azithromycin or Clarithromycin are the recommended antibiotic agents for pertussis infection in adolescents and adults
 - Azithromycin PO for 5 days (500 mg day 1, followed by 250 mg Days 2 through 5) - preferred treatment for pregnant patients [OR]
 - Clarithromycin 500 mg PO BID for 5 days

Infection Prevention:

- The most effective strategy to protect infants who are most at risk for severe pertussis disease is to vaccinate all pregnant women during each pregnancy, preferably between 27 and 36 weeks of gestation
- Vaccinate all children with the DTaP series on time and give a Tdap dose to adolescents and adults. Although most children have been vaccinated for pertussis, protection from the vaccine wanes over time, so some who are fully vaccinated may still become infected, though symptoms are often milder
- During pertussis outbreaks, infants may begin the pertussis vaccination series at 6 weeks old

Reporting:

- Report suspected and confirmed pertussis cases promptly to the Communicable Disease Unit:
 - Phone: 831-454-4114 OR
 - Submit a [Confidential Morbidity Report form](#) to HSACD@santacruzcountyca.gov

ADDITIONAL RESOURCES

- [Confidential Morbidity Report \(CMR\)](#)
- [California Department of Public Health: Pertussis](#)
- [California Department of Public Health: Pertussis Quicksheet](#)
- [California Department of Public Health’s Reportable Diseases and Conditions](#)

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.