



Erie County
Department of
Health



Public Health
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COMMISSIONER OF HEALTH

HEALTH ADVISORY #368

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PERTUSSIS REMAINS ELEVATED IN ERIE COUNTY

Please distribute to Healthcare Providers, Hospitals, Laboratories, Emergency Rooms, Community Health Centers, College Health Centers, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Infectious Disease, and Primary Care Providers

CURRENT SITUATION

Pertussis (Whooping Cough) activity has increased in Erie County in the past 2 years and remains elevated compared to levels observed just prior to the COVID-19 pandemic. There were 55 reported cases in 2024, and 41 reported cases in 2025 to date. The disease is primarily affecting children. Similar [disease trends](#) have been reported nationally by the Centers for Disease Control and Prevention (CDC).

ACTIONS REQUESTED

- Maintain heightened awareness of pertussis in the community and ensure that all patients are vaccinated according to [current recommendations](#) for tetanus, diphtheria, and acellular pertussis (DTaP or Tdap).
- Consider [testing](#) patients for pertussis by polymerase chain reaction (PCR) if they have clinically compatible illness, which can include upper respiratory tract infection presentation, **regardless of vaccination status**.
- Provide [antibiotic treatment](#) to symptomatic individuals with pertussis.
- Provide [post-exposure prophylaxis](#) to household contacts and close contacts at high risk for severe pertussis infection as per guidance below.
- Report patients with suspected or confirmed pertussis to the Local Health Department (LHD) where the patient resides. **Erie County residents should be reported to the Erie County Department of Health (ECDOH) Office of Epidemiology and Disease Surveillance at (716) 858-7697.**

BACKGROUND

- Pertussis is an acute infectious respiratory disease caused by the bacterium *Bordetella pertussis*. It is highly communicable, lasts for many weeks and typically manifests in older children and adults with paroxysmal spasms of severe coughing, whooping, and post-tussive vomiting. Infants can appear relatively well in the initial phase, with



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symptoms that mimic a viral upper respiratory tract infection. The typical paroxysms of cough and “whooping” may be absent, but **apnea is common among infants.**

- Transmission occurs by direct or airborne contact with respiratory droplets, or by direct contact with objects contaminated with respiratory secretions from infectious individuals. The period of communicability is from the onset of symptoms to 21 days after the onset of cough.
- [Testing for pertussis](#) is most reliable when performed early in the course of the illness and prior to the initiation of antibiotic treatment. Extreme lymphocytosis in infants should prompt strong consideration of pertussis. Testing must be done on nasopharyngeal specimens obtained by using Dacron, NOT cotton swabs. A pharyngeal or throat swab is not acceptable for pertussis testing. Acceptable diagnostic methods for pertussis include PCR and culture. A PCR test provides increased sensitivity and faster reporting results.
- [Treatment with antibiotics](#) given during the catarrhal stage may lessen the severity of the disease and decrease communicability. Persons with pertussis are considered non-infectious after having completed 5 days of appropriate antibiotics or if at least 21 days have elapsed since the onset of cough. The macrolide agents erythromycin, clarithromycin, and azithromycin are preferred for the treatment of pertussis in persons aged ≥ 1 month. For infants aged < 1 month, azithromycin is preferred; erythromycin and clarithromycin are not recommended. Trimethoprim-sulfamethoxazole is an alternative agent to macrolides for treatment of persons age ≥ 2 months.
- CDC recommends the administration of [chemoprophylaxis](#) within 21 days of exposure to all household contacts of a pertussis case and to close contacts who are at [high risk of severe illness](#) or who will have close contact with a person at high risk of severe illness, **regardless of age and vaccination status.**
- Close contacts are defined as persons who have face-to-face exposure within three feet of a symptomatic patient OR direct contact with respiratory, oral, nasal, or pharyngeal secretions from a symptomatic case. The same 5-day antibiotic regimens described above for treatment are used for prophylaxis.
- **The best way to prevent pertussis among infants, children, teens, and adults is to be vaccinated.** Providers should ensure that all patients are vaccinated according to [current recommendations](#) for tetanus, diphtheria, and acellular pertussis (DTaP or Tdap). Pregnant people should receive a Tdap vaccination during every pregnancy, optimally between 27 and 36 weeks of gestation. **Maternal pertussis immunization reduces hospitalization by more than 90% and reduces the risk of death by 95% in very young infants.**



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EXCLUSION FROM SCHOOL OR WORK

School or work exclusion guidelines for persons (including healthcare providers) diagnosed with pertussis are as follows:

- Symptomatic persons should be excluded until completion of the first 5 days of a full course of antimicrobial treatment.
- Symptomatic persons who do not take antimicrobial treatment should be excluded for 21 days from the onset of cough.

ADDITIONAL INFORMATION

CDC

General Pertussis Information: <https://www.cdc.gov/pertussis/hcp/clinical-overview/index.html>

Treatment: <https://www.cdc.gov/pertussis/hcp/clinical-care/index.html>

Postexposure Antimicrobial Prophylaxis (PEP):

<https://www.cdc.gov/pertussis/php/postexposure-prophylaxis/index.html>

Testing: <https://www.cdc.gov/pertussis/php/laboratories/index.html>

Vaccination: <https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html>

NYSDOH

New York State Department of Health (NYSDOH) Pertussis fact sheet:

<https://www.health.ny.gov/publications/2171/>

American Academy of Pediatrics

Red Book: 2024–2027. Report of the Committee on Infectious Diseases (33rd Edition).

Pertussis (Whooping Cough). DOI: https://doi.org/10.1542/9781610027373-S3_015_012.

Naureckas Li C, Edwards KM, Kaplan SL, et al. What's Old Is New Again: Pertussis. *Pediatrics*. 2025;156(5):e2025072868.



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Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

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; no immediate action necessary

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<https://www3.erie.gov/health/form/health-alert-registration>