THIS IS AN OFFICIAL WEST VIRGINIA HEALTH ADVISORY #231
Distributed via the WV Health Alert Network – **November 6, 2025**

HEALTH ADVISORY #231

Rising Pertussis Cases

TO: West Virginia Healthcare Providers, Hospitals, and Other Healthcare Facilities

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health, Bureau for Public Health

DATE: November 6, 2025

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Summary:
The West Virginia Bureau for Public Health (BPH) has identified an increase in reported pertussis (whooping cough) cases. Since January 1, 2025, a total of 126 cases have been identified across West Virginia; an increase of this magnitude not seen since 2010. Cases have been identified statewide, with the highest concentration in the western region. The median age of cases is 12 years; 23 (18%) are infants ≤12 months of age, and 28 (22%) have been hospitalized.

Pertussis follows cyclical peaks every 3–5 years. Recent data indicate a shift from infant cases to older adolescents and adults, primarily due to waning Tdap immunity, which can decline within one to two years after vaccination (routinely given at ages 11–12).

Requested Actions

Consider pertussis in any patient with compatible symptoms regardless of vaccination history, particularly if there has been potential exposure.

Suspect pertussis in anyone with:

- Cough illness of *any duration* with paroxysms, inspiratory whoop, post-tussive vomiting/gagging, or apnea (with or without cyanosis) and known exposure; or
- Cough illness lasting ≥2 weeks with these symptoms even without a known exposure.

In infants, apnea may be the only symptom, with little or no cough. In adolescents and adults, illness is often milder and may lack the classic “whoop.” Maintain a low threshold for testing and treatment if the patient has close contact with infants or others at high risk for pertussis complications.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.
Categories of Health Alert messages:
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Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.
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Testing

Pertussis may be misdiagnosed as asthma, bronchitis, sinusitis with persistent cough, or pneumonia. Symptoms in the first stage can resemble a common cold, and vaccinated individuals may experience only a prolonged cough; yet remain contagious.

- PCR testing is most sensitive within 3–4 weeks after cough onset.
- Culture is most sensitive within the first 2 weeks after cough onset.
- Testing outside these timeframes increases the likelihood of false negatives.

Providers may submit pertussis specimens (nasopharyngeal or aspirate) to the West Virginia Office of Laboratory Services for PCR and culture confirmation (free of charge). For test kits, collection instructions, and submission forms, visit: https://dhhr.wv.gov/ols/labs/Pages/Bacteriology.aspx.

Treatment and Control

- Individuals with pertussis are contagious for the first 21 days of cough *or* until five days of appropriate antibiotic therapy have been completed.
- Begin empiric treatment immediately without waiting for test results and advise patients to remain home until five days of antibiotics are completed.
- Post-exposure prophylaxis (PEP) is recommended for all household and other close contacts, regardless of vaccination status.
- Prioritize high-risk contacts for treatment: infants, pregnant individuals, immunocompromised persons, and those with moderate to severe asthma.
- If >21 days have passed since cough onset, the person is no longer infectious and treatment will not alter the course of illness.
- Symptomatic contacts should be evaluated for pertussis; asymptomatic contacts receiving PEP do not need to be excluded from school or work and asymptomatic contacts who refuse PEP do not need to be excluded from school or work unless they are likely to interact with persons at increased risk for severe pertussis (e.g. healthcare personnel).
- Under-immunized contacts should be brought up to date with vaccinations.

Reporting

Pertussis is a reportable condition in West Virginia and must be reported to the local health department within 24 hours of diagnosis. Two or more epidemiologically linked cases from different households with symptom onset within 42 days constitute an outbreak and should be reported immediately.

For further information, contact OEPS at (304) 558-5358, ext. 1, or our website at: https://oeps.wv.gov/pertussis/pages/default.aspx.

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