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Headline: Worst Outbreak of Pertussis in 70 Years, But What Can State Health Officials Do?

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Pertussis, or whooping cough, is back on pediatricians' radar decades after it was nearly eradicated by vaccine. Last year, California saw the biggest outbreak of whooping cough in 70 years, with more than 10,000 cases -- and the death of two infants. What policy is needed to address this change? And what's standing in the way of curbing the disease's spread?

This is a report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Rachel Dornhelm.

Marin County has one of the highest rates of whooping cough in the state. Paul Katz is a senior pediatrician practicing medicine there, at Kaiser Permanente's San Rafael Medical Center. Like many experts, he links the surge in cases he's seen, particularly among teenagers, to a vaccine that replaced the original one developed in the 1930s.

(Katz): "We changed that vaccine in the '90s because of concerns of rare side effects to another vaccine that had less side effects, but we found out in 2010... [it] doesn't last as long."

As a result, Katz says, the disease now can look more like a persistent cough illness in older children or adults who may have been previously immunized.

(Katz): "But they're not really whooping like babies whooped back in the early pre-immunization days, or the actual whooping cough of modern memory."

This older group infected with pertussis faces a few months of intense, often untreatable coughing. Yet, while the disease is not fatal in that age group, they can transmit it to infants -- for whom it can be deadly.

Kathleen Harriman is chief of the Vaccine Preventable Diseases Department at the California Department of Public Health. She says in 2014 there were more than 10,000 reported cases.

(Harriman): "There don't appear to be new vaccines in the pipeline coming anytime soon. So we're sort of faced with a situation that we're calling the new normal with regard to pertussis."

She says the biggest policy concern for the state is infant death. Vaccinating pregnant women in the third trimester of pregnancy has shown to transfer the immunity to the baby during its most vulnerable first month. So the department is trying to help knock down some of the barriers they're hearing about from specialists like obstetricians not accustomed to administering immunizations.

(Harriman): "There appear to be some financial and reimbursement issues, some providers don't feel there is adequate reimbursement for adult vaccines."

Then, she says, there are logistical issues for provider offices. Like purchasing and storing vaccines.

(Harriman): "If that's not something you've done before, of course pediatricians in family practice are used to that, but for adult vaccines, there aren't as much vaccines, it's just a more complicated proposition."

The place to start, she says, may be with the Medi-Cal program, since so many of the state's children are in it.

(Harriman): "About half of the infants born in California, their mothers are Medi-Cal recipients, so that's a big target group."

James Cherry, a researcher and professor of pediatrics at UCLA's School of Medicine, has studied the disease since the '80s. Cherry says focusing on vaccinating pregnant women is rightly the number-one priority to prevent infant death. But, he says, it is also important that young people get the vaccine. It may not be life-threatening for teens, he says, but it's a rough illness for the unvaccinated.

(Cherry): "People who are vaccine failures don't get as sick as people who aren't vaccinated and that's really important -- because people who skip vaccines, their illnesses can be miserable."

Skipping vaccines is a big problem all by itself, says Richard Pan, a state senator from the Sacramento area and a practicing pediatrician there. Pan says he wrote a bill when he was previously in the Assembly -- AB 2109 -- that is now law, and it could help curb the uptick in pertussis. It requires that...

(Pan): "...before a parent can exempt their child from immunizations, they actually receive counseling from a licensed health care professional."

In fact, during this school year -- the first one with that policy in place -- the number of families opting out of vaccines has ticked down for the first time in quite awhile, he says.

(Pan): "We've seen in the first school year in which this has been implemented the first actual decrease in the number of kindergartners who are opting out of vaccines. About a 0.6% decrease from the prior year."

That policy still has a long way to go -- almost 10% of California's kindergartners do not receive immunizations.

Outside of trying to prevent infant death, policymakers may expand efforts to address the economic strain and human discomfort that comes from a prolonged cough illness -- given the "new normal" of living with the pertussis outbreak.

California Department of Public Health's Harriman says her department is working to quantify just how the disease impacts older children.

(Harriman): "We've actually been working with San Diego, looking at the impact of pertussis on teenagers. How much school do they miss, what is the impact on their life? Because it would be nice to be able to quantify that."

Harriman says if a compelling case can be presented, based on hard data, for how serious the problem is, then other policies might be brought forward to try to control the disease in older children. But she says she doesn't expect the state or national agency to act on that anytime soon.

This has been a report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Rachel Dornhelm, thanks for listening.