

Epidemiology of Pertussis in Adults 65 Years and Older

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Overview of Pertussis Disease in Adults 65 Years and Older

- ❑ **Surveillance and literature sparse**
- ❑ **Under-recognition of adult disease**
- ❑ **Clinical presentation and disease severity**
 - National Notifiable Disease Surveillance System (NNDSS)
 - Current literature
- ❑ **Incidence and disease burden**
 - National Notifiable Disease Surveillance System (NNDSS)
 - Current literature

Factors for Under-recognition of Pertussis

- ❑ **Atypical symptoms**
- ❑ **Low index of suspicion among providers**
- ❑ **Nonspecific clinical presentation**
- ❑ **Challenges of diagnostic testing**

Hoffait M et al. *Human Vaccines* 2011; 7(2):197-201.
Cornia PB et al. *JAMA* 2010; 304(8):890-896.

Rendi-Wagner P et al. *Vaccine* 2010; 28: 3285-3290.

CSTE* Pertussis Case Definitions

□ Clinical Case Definition

- Cough illness lasting ≥ 2 weeks AND
- paroxysms, inspiratory whoop, or post-tussive vomiting

Case Classification

Probable	Confirmed
<ul style="list-style-type: none">• Meets clinical case definition	<ul style="list-style-type: none">• Culture positive• Clinical case definition and +PCR• Clinical case definition and epi-linked

* Council of State and Territorial Epidemiologists

Pertussis in Adults 65 Years and Older

CLINICAL PRESENTATION

Demographics of Reported Pertussis Cases in Adults, 2000-2010

	18-39 years n=25,436	40-64 years n=21,873	≥65 years n=3499
Sex - Male	33%	34%	37%
Race – White	71%	73%	75%
Hispanic	12%	6%	5%

* Source: CDC, National Notifiable Diseases Surveillance System

Symptoms of Reported Pertussis Cases in Adults, 2000-2010

Symptoms	1-6 years n=26,012	18-39 years n=25,436	40-64 years n=21,873	≥65 years n=3499
Cough	87%	87%	87%	86%
Paroxysm	74%	77%	78%	75%
Whoop	32%	29%	29%	26%
Apnea	19%	24%	26%	24%
Post-tussive emesis	50%	41%	34%	22%
Cyanosis	0.12%	0.07%	0.06%	0.06%

* Source: CDC, National Notifiable Diseases Surveillance System

Characteristic Pertussis Symptoms in Adults

Author	Country	Age Range	Inclusion Criteria	Cough Duration (median)	Paroxysm	Whoop	Post-tussive Vomiting
Lasserre 2011	France	14-89	Cough >7d + symptom	22	96%	22%	17%
Strebel 2001	USA	10-49	Acute paroxysmal cough or persistent cough	42	100%	26%	56%
de Serres 2000	Canada	12- ≥50	Cases in outbreak setting	--	99%	69%	65%
Schmitt-Grohe 1995	Germany	18-79	Cough >14d in family member of vaccinee	--	70%	38%	17%
Wirsing von Konig 1995	Germany	19-83	Cough in family member of vaccinee	--	--	11%	44%

Lasserre A et al. Euro Surveill 2011;16(5):1-5.
Strebel P et al. JID 2001;183:1353-9.

de Serres G et al. JID 2000;182:174-9.
Schmitt-Grohe S et al. CID 1995;21:860-6.
Wirsing von Konig CH et al. Lancet 1995; 1326-29.

8

Disease Severity of Reported Pertussis Cases in Adults, 2000-2010

Sequelae of Disease	18-39 years n=25,436	40-64 years n=21,873	≥65 years n=3499
Encephalopathy	0.2%	0.2%	0.2%
Seizure	0.3%	0.4%	0.2%
Pneumonia	2%	3.5%	5.8%
Hospitalization	2%	4%	10%
Death	0.01%	0.01%	0.23%

* Source: CDC, National Notifiable Diseases Surveillance System

Summary – Clinical Presentation and Severity

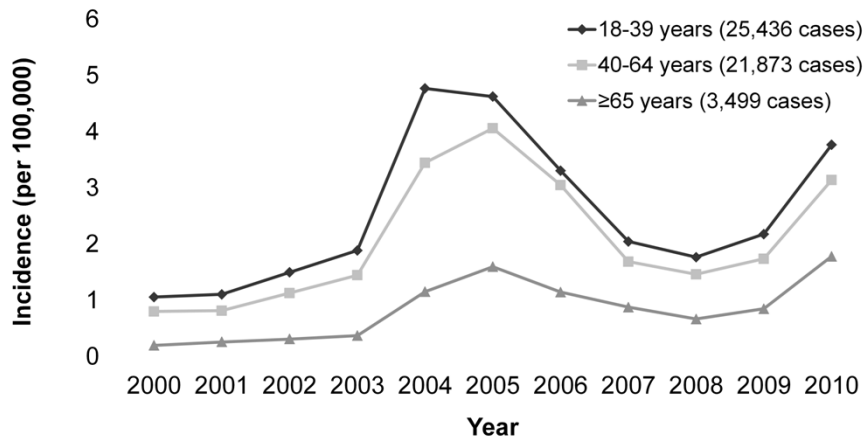
- **Adult presentation**
 - Fewer typical symptoms

- **Severity**
 - Increasing rate of hospitalization and pneumonia with age

Pertussis in Adults 65 Years and Older

INCIDENCE

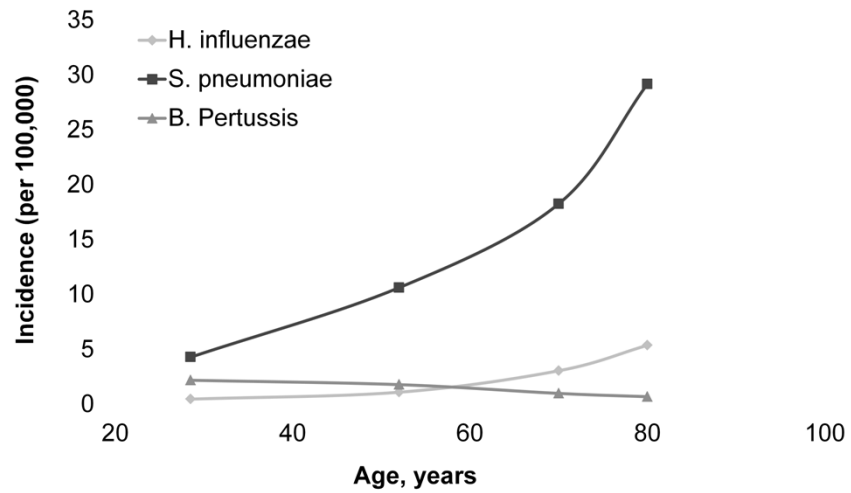
Incidence of Reported Pertussis* in Adults, 2000-2010



*Probable and confirmed cases

Source: CDC, National Notifiable Diseases Surveillance System

Rates of Bacterial Disease, by Age of Life



Source: CDC, National Notifiable Diseases Surveillance System
CDC, Active Bacterial Core Surveillance

Older Adult Pertussis Incidence

Age Group (years)	Canadian Incidence* (per 100,000)	US Incidence** (per 100,000)	Australian Incidence** (per 100,000)
65-69	{ 0.85 }	2.5	146.9
70-74		1.9	146.7
75-79		1.7	110.8
80-84		1.3	95.4
85+		0.8	69.1

*Incidence in 2004, among all adults ≥60 years

**Incidence in 2010

Source: Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada
 CDC, National Notifiable Diseases Surveillance System
 National Notifiable Diseases Surveillance System, Department of Health and Aging, Australian Government

14

Incidence of Adult Pertussis in the Literature

Author	Country	Study Year	No. of Subjects	Age Range	Inclusion Criteria	Diagnostics	Incidence Per 100,000
Lasserre	France	2008-9 10 mo.	204	14-89	Cough >7 days + symptom	PCR, serology	66
Ward (APERT)	USA	1997-99 22 mo.	1390	15-65	Cough ≥5 days	Culture, PCR, serology	370-450
Strebel	USA	1995-96 24 mo.	212	10-49	Acute paroxysmal cough or persistent cough	Culture, PCR, serology	507
Nennig	USA	1994-95 3 mo.	153	24-78	Cough ≥14 days	Serology	176

Lasserre A et al. Euro Surveill 2011;16(5):1-5.
Ward JI et al. NEJM 2005;353:1555-63.

Strebel P et al. JID 2001;183:1353-9.
Nennig ME et al. JAMA 1996;275:1672-167.

Summary – Disease Incidence and Burden

- **Under-recognized cause of cough illness**

- **Epidemiology of adult pertussis not well understood**
 - Surveillance data indicates range of incidence rates

 - Sparse literature specifically focused on this population

 - Available literature on mixed age populations, including adults:
 - Incidence levels: 66-500/100,000

Conclusions and WG Interpretation: Pertussis in Adults 65 Years and Older

- ❑ **Conclusions**
 - Disease burden higher than reported

- ❑ **ACIP Working Group Interpretation**
 - True burden of disease likely at least 100-fold higher than reported