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TECHNICAL BULLETIN

DATE: October 21, 2025

TOPIC: Pertussis in Nevada – Recommendations for Health Care Providers

CONTACT: Cindy Beard, State Epidemiologist

TO: Health Care Providers, Medical Facilities, Medical Laboratories, and Local Health Authorities

Thus far in 2025, health authorities in Nevada are observing [upticks of pertussis activity](#) in some parts of the state. Pertussis (also known as whooping cough) is a contagious bacterial infection that may result in severe outcomes. Prevention is possible through vaccination, contact tracing, and infection control measures.

Recognize

Early diagnosis of pertussis is crucial to prevent it from spreading to others.

- Early presentations are non-specific and usually include cold-like symptoms, mild to no fever, and fatigue. This stage may last 1-2 weeks and is when an infected individual is most contagious.
- As the illness progresses, prolonged coughing fits develop as well as a characteristic “whooping” sound after coughing. Vomiting after coughing may also occur. This stage may last 2-6 weeks.

Providers should be suspicious of pertussis if an individual presents with any of these symptoms. Recent contact with a lab-confirmed case may increase suspicion but is not a prerequisite for testing or initiating treatment.

Test

Testing may be done via commercial labs or via public health laboratories. PCR or culture may be used. Serologic testing is not recommended. Culture is most useful during the first 2 weeks following cough onset. PCR may be used up to 3-4 weeks following cough onset.

Treat & Administer Post-Exposure Prophylaxis

Early treatment is essential.¹ [Treatment](#) within the first 1-2 weeks of illness is important for reducing symptom severity. Beginning treatment more than 3 weeks after cough onset is unlikely to be as beneficial. [Antibiotics](#) are used for both treatment and for post-exposure prophylaxis (PEP).

Without treatment, an infected person can be contagious for up to 21 days after the onset of coughing. After completing 5 days of appropriate treatment, a person is no longer considered contagious.

¹ Providers should consider treating prior to test results if clinical history is strongly suggestive of pertussis, if the person is at high risk for severe disease (includes infants and pregnant women in their third trimester), or if the person will have contact with someone at high risk for severe disease.

PEP is recommended for all household contacts and any high-risk contacts (e.g., infants under 12 months, pregnant women in third trimester, those with certain pre-existing health conditions like asthma), of a case, regardless of immunization status.

Educate to Isolate

Pertussis spreads via respiratory droplets expelled into the air via coughing, sneezing, and other actions like talking. It can also be transmitted if someone touches a surface that has been contaminated by respiratory droplets, but this is less common. If a person is infected, it can take up to 21 days for that person to start showing symptoms.

Per [NAC 441A.630](#), a case having pertussis must be excluded from contact with susceptible persons not residing in the same household as the case for 21 days after the date of onset of illness or for 5 days after the initiation of medical treatment specific for pertussis. Educate patients accordingly. Additional resources related to management of illness in childcare settings and schools may be found on our [School & Childcare Guidance and Resources webpage](#).

Vaccinate

Vaccination is the best way to prevent pertussis. Recommend that those who are not up to date on a pertussis-containing vaccine get [vaccinated](#).

Report

[Within 24 hours](#) of identifying the case or suspected case, report it to your local health authority. If your facility is not automatically sending case reports to public health via electronic lab reports (ELR) or electronic case reports (eCR), please complete the Confidential Morbidity Report (CMR) found [here](#) and notify your local health authority.

| Local Health Authority | County(ies) | Fax & Phone Number to Report |
|---|--|--|
| Carson City Health and Human Services (CCHHS) | Carson City, Douglas, and Lyon | Fax: 775-887-2138 Ph: 775-887-2190 (24 hours) |
| Central Nevada Health District (CNHD) | Churchill, Mineral, Eureka, and Pershing | Fax: 877-513-3442 Ph: 775-866-7535 (24 hours) |
| Northern Nevada Public Health (NNPH, formerly WCHD) | Washoe | Fax: 775-328-3764 Ph: 775-328-2447 (24 hours) |
| Southern Nevada Health District (SNHD) | Clark | Fax: 702-759-1414 Ph: 702-759-1300 (24 hours) |
| Nevada Division of Public and Behavioral Health (DBPH) Office of State Epidemiology | All other counties | Fax: 775-684-5999 Ph: 775-400-0333 (24 hours) |

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Email dpbhpi@health.nv.gov for other questions regarding pertussis.



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