

⚠ The Department of State Health Services is currently undergoing Sunset review. [Learn more about the Sunset process and provide feedback.](https://www.dshs.texas.gov/about-dshs/legislative-information/sunset-review) (<https://www.dshs.texas.gov/about-dshs/legislative-information/sunset-review>)

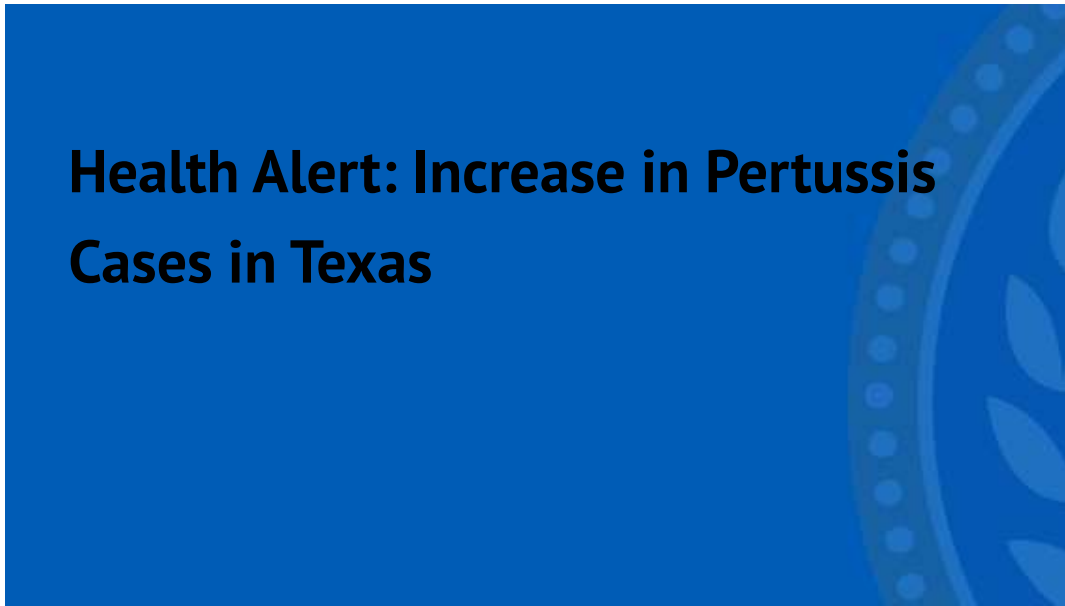


TEXAS
Health and Human
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HEALTH ALERT

November 3, 2025

Summary

The Texas Department of State Health Services (DSHS) is reporting a significant increase in cases of pertussis, or whooping cough, in 2025. According to provisional data, Texas has had more

than 3,500 reported pertussis cases through October this year, roughly four times the number reported for the same period last year. This is the second consecutive year that Texas is experiencing high year-over-year increases in reported pertussis cases and the second consecutive year DSHS has issued a health alert (see [Increase in Pertussis Cases, Nov. 12, 2024](https://www.dshs.texas.gov/news-alerts/increase-pertussis-cases) (<https://www.dshs.texas.gov/news-alerts/increase-pertussis-cases>)).

The best way to protect against pertussis is immunization. Parents should ensure children are up-to-date on pertussis immunizations, and pregnant women and others who will be around newborns should get a booster dose to protect babies from what can be a deadly infection. Clinicians should consider pertussis in people with compatible symptoms and report all suspected cases to the local health department within one work day.

Background

Pertussis is a highly contagious illness caused by the bacterium *Bordetella pertussis*. Early symptoms are similar to the common cold. One to two weeks after symptoms start, people may develop coughing fits (paroxysms). The cough generally gets worse and becomes more frequent as the illness continues and can cause people to vomit or make a “whoop” sound as they breathe in between coughs. Coughing fits may continue for weeks or even months. Infants with pertussis may not have coughing fits; instead, they may gag, gasp, vomit, stop breathing, or turn blue.

The best way to prevent pertussis is to get vaccinated (specific recommendations at [cdc.gov/pertussis/vaccines/index.html](https://www.cdc.gov/pertussis/vaccines/index.html) (<https://www.cdc.gov/pertussis/vaccines/index.html>)). However, immunized children and adults can still get pertussis, so a history of immunization does not rule out a pertussis diagnosis. Immunized children, adolescents, and adults may present with milder symptoms and lack the classic “whoop.”

Pertussis can cause serious and potentially life-threatening complications in infants and young children who are not fully immunized. Infants under one year old are at the greatest risk of getting whooping cough and having severe complications from it. **About one-third of babies younger than 12 months old with pertussis need treatment in a hospital.** Early recognition of cases, effective treatment and prophylaxis, and appropriate vaccination, including during each pregnancy, are vital to limiting the spread of pertussis.

Recent Pertussis Data Trends

Pertussis cases in Texas and the United States were lower than usual during and immediately following the COVID-19 pandemic, but pertussis activity has quickly rebounded in the last few years. Texas reported 340 cases in 2023. Last year, according to provisional data, that increased to 1,907 cases with more than half of them occurring in November and December. So far this year, more than 3,500 cases have been reported. Preliminary data indicate that approximately 85 percent of pertussis cases in Texas this year have occurred among children.

Recommendations for Clinicians

Vaccination

- The best way to protect against pertussis is vaccination. The Centers for Disease Control and Prevention [recommends pertussis vaccines for people of all ages.](https://www.cdc.gov/pertussis/vaccines/index.html) (<https://www.cdc.gov/pertussis/vaccines/index.html>)
- Pertussis infection may occur in vaccinated people since protection from pertussis vaccination fades over time. **Thus, all individuals should stay current with pertussis vaccination. Check the vaccination history of all individuals and offer vaccine to anyone who is not up to date.**

- Encourage parents to have infants vaccinated on time.
- Protect infants when they are most vulnerable by administering Tdap to pregnant women **during each pregnancy**. Optimal timing is between 27 and 36 weeks gestation, preferably during the earlier part of this period. Vaccination during each pregnancy is important for transferring high levels of protective antibodies to the infant before birth. Getting the vaccine during pregnancy in the recommended gestation period lowers the risk of whooping cough in babies younger than 2 months old by 78 percent.
- CDC also recommends vaccination for those adults who are not up to date with their pertussis vaccine but are expected to be in close contact with infants. These adults should be vaccinated at least 2 weeks before meeting the infant.

Testing Symptomatic Patients

- Collect the test specimen prior to the patient starting any treatment. Test patients via nasopharyngeal culture and/or PCR assay, which are the preferred methods of pertussis testing. PCR assays are quick and widely available at hospitals and commercial laboratories.
- Consider beginning treatment prior to receiving test results, especially if clinical history is strongly suggestive of pertussis (such as a long cough illness or report of coughing fits), the patient is at risk for severe or complicated disease (e.g., infants), or the patient has a known pertussis exposure and has not received prophylaxis.

Treatment for Cases

- Early treatment is critical to reduce illness severity and decrease risk of spreading to others. Treat patients within three weeks after cough onset, except for infants aged <1 year and pregnant women (especially near term) who should be treated within six weeks after cough onset.
- Consider prescribing antibiotics effective for pertussis treatment and prevention. First line therapy for treatment or

post-exposure prophylaxis is a 5-day course of azithromycin. Other treatment options include erythromycin, clarithromycin, or trimethoprim sulfamethoxazole (TMP-SMX) and may be considered based on patient-specific factors.

- Treat patients regardless of vaccination history.

Post Exposure Prophylaxis (PEP) Recommendations for Contacts
(<https://www.cdc.gov/pertussis/php/pos-texposure-prophylaxis/index.html>)

Contact Group*	Description	PEP Recommended**	PEP Administration Timeframe
Household contacts	Persons who spend many hours together or sleep under the same roof	Yes	Within 21 days of onset of cough in the index patient

Contact Group*	Description	PEP Recommended**	PEP Administration Timeframe
Infants	Aged <12 months	Yes; high-risk for developing severe illness	Within 21 days of the last exposure to an infectious pertussis case
All persons with pre-existing health conditions that may be exacerbated by a pertussis infection	E.g., immunocompromised persons or those with a chronic lung disease	Yes; high-risk for developing severe illness	
People in contact with people at high risk of severe illness	<ul style="list-style-type: none"> • Women in their third trimester of pregnancy • All people in high-risk settings⁺ 	Yes	
Other relatives, coworkers, classmates, acquaintances, etc.	Persons who do not fit into any of the above descriptions	No; recommend evaluation for symptoms and educated about pertussis	-

*Some contacts may fall into more than one group. Base PEP recommendations on the group with the longest timeframe for administering PEP.

**Provide PEP regardless of vaccination history

^ Infectious period: from the beginning of symptom onset through the third week after the onset of paroxysms, or until 5 days after the start of effective antimicrobial treatment

+High-risk setting: settings that infants aged <12 months or women in their third trimester of pregnancy. These include, but are not limited to neonatal intensive care units, childcare settings, and maternity wards.

Infection Control Precautions

(<https://www.cdc.gov/infection-control/media/pdfs/Guideline-IC-HCP-H.pdf>) in Healthcare Settings

- Droplet precautions should be used for any suspected or confirmed pertussis cases until the patient has received at least five full days of an appropriate antibiotic.
- Healthcare workers should wear a mask and face protection if they will have close contact with a suspected or confirmed pertussis case. Activities involving close contact include, but are not limited to, performing a physical examination on, feeding, or bathing a patient; bronchoscopy; intubation; or administration of bronchodilators.

Isolation Guidelines

- People suspected of having pertussis should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store) until they have completed five days of appropriate antibiotic therapy. School and childcare exclusion are mandated by the Texas Administrative Code, Title 25, Chapter 97, Subchapter A, Rule §97.7 (https://texas-sos.appianportalsgov.com/rules-and-meetings?_locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=06%2F11%2F2025&recordId=207514).

Disease Reporting Requirements/Statute

- Several Texas laws ([Health & Safety Code](https://statutes.capitol.texas.gov/?link=HS) (<https://statutes.capitol.texas.gov/?link=HS>), Chapters [81](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm) (<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm>) and [84](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.84.htm) (<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.84.htm>) require specific information regarding notifiable conditions be provided to public health. Health care providers, hospitals, laboratories, schools, childcare facilities and others are required to report individuals who are suspected of having pertussis within one work day ([Texas Administrative Code, Title 25, Chapter 97, Subchapter A](https://sos.appianportalsgov.com/rules-and-meetings?_locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=06%2F11%2F2025&recordId=177145) (https://sos.appianportalsgov.com/rules-and-meetings?_locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=06%2F11%2F2025&recordId=177145)).
- Pertussis reports should be made to your local health department (contacts by county at www.dshs.texas.gov/idcu/investigation/conditions/contacts (<http://www.dshs.texas.gov/idcu/investigation/conditions/contacts>)).

Recommendations for Public Health

Lab Confirmation Tests

- Culture and PCR assay are the preferred methods of pertussis testing. PCR assays are quick and widely available at hospital and commercial laboratories.
- For PCR assays, a nasopharyngeal swab should be done using a synthetic swab. Check with the testing laboratory to determine what transport media, if any, is needed.
- Direct Fluorescent Antibody (DFA) and serological assays are not considered confirmatory tests for pertussis.

- More information on PCR testing is available at [Best Practices for Use of Polymerase Chain Reaction for Diagnosing Pertussis](https://www.cdc.gov/pertussis/php/pcr-bestpractices/index.html) (<https://www.cdc.gov/pertussis/php/pcr-bestpractices/index.html>).

Controlling Outbreaks in Group Settings

- Even in an outbreak, antibiotic prophylaxis is only recommended for household and high-risk contacts.
- Active screening for symptomatic patients with suspected pertussis can be considered during outbreaks in settings such as schools, daycare centers, and hospitals.
 - The asymptomatic contacts may remain in group settings if they comply with prophylaxis and lack respiratory symptoms.
 - They should be monitored for 21 days past their last known exposure.
- A broader use of prophylaxis may be appropriate in limited closed settings when the number of identified cases is small and when a community-wide outbreak is not ongoing. However, when continued transmission of pertussis is evident, multiple rounds of antibiotics are not recommended. Rather than repeating a course of antibiotics, public health should monitor people exposed to pertussis for onset of pertussis signs and symptoms for 21 days.
- During an outbreak, people without documented immunity from vaccination or previous pertussis infection should be isolated from anyone with pertussis to protect those without immunity and control the outbreak. Additional information on school exclusion and readmission can be found at [dshs.texas.gov/idps-home/school-communicable-disease-chart](https://www.dshs.texas.gov/idps-home/school-communicable-disease-chart) (<https://www.dshs.texas.gov/idps-home/school-communicable-disease-chart>).

Recommendations for the Public

If you think you have pertussis, isolate yourself from others and call your healthcare provider before arriving so they can prepare for your arrival without exposing other people.

Review your and your child's immunization history to ensure you are up to date on pertussis-containing vaccines. Pregnant women should be vaccinated during each pregnancy. Additionally, discuss your immunization history and any vaccine questions with your health care provider.

Wash your hands frequently and cover your mouth and nose while sneezing or coughing to prevent spreading bacteria to other people. Avoid close contact with people who are sick, and don't share food, utensils, toothbrushes, cigarettes, or similar personal items.

If you think you've been exposed to someone with pertussis, contact your healthcare provider about medication that can keep you from getting sick.

For More Information

- [DSHS - Pertussis \(Whooping Cough\)](https://www.dshs.texas.gov/vaccine-preventable-diseases/pertussis-whooping-cough)
(<https://www.dshs.texas.gov/vaccine-preventable-diseases/pertussis-whooping-cough>)
- [DSHS - School and Childcare Vaccine Requirements](https://www.dshs.texas.gov/immunizations/school)
(<https://www.dshs.texas.gov/immunizations/school>)
- [CDC - Pertussis Surveillance and Trends | Whooping Cough](https://www.cdc.gov/pertussis/php/surveillance/index.html)
(<https://www.cdc.gov/pertussis/php/surveillance/index.html>)
- [CDC - Pertussis Vaccination Recommendations](https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/?CDC_AAref_Val=https://www.cdc.gov/vaccines/vpd/pertussis/refs-summary.html)
(https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/?CDC_AAref_Val=https://www.cdc.gov/vaccines/vpd/pertussis/refs-summary.html)
- [CDC - Whooping Cough \(Pertussis\)](https://www.cdc.gov/pertussis/index.html)
(<https://www.cdc.gov/pertussis/index.html>)

- [CDC - Symptoms of Whooping Cough](https://www.cdc.gov/pertussis/signs-symptoms/index.html)
(<https://www.cdc.gov/pertussis/signs-symptoms/index.html>)
- [CDC - Laboratory Testing for Pertussis](https://www.cdc.gov/pertussis/php/laboratories/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html)
(https://www.cdc.gov/pertussis/php/laboratories/?CDC_AAref_Val=https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection-diagnosis.html)
- [CDC - About Whooping Cough Outbreaks](https://www.cdc.gov/pertussis/outbreaks/index.html)
(<https://www.cdc.gov/pertussis/outbreaks/index.html>)
- [CDC - Pertussis Infection Control in Healthcare Personnel](https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/pertussis.html)
(<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/pertussis.html>)
- [CDC - Vaccinating Pregnant Patients | Whooping Cough](https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/vaccinating-pregnant-patients.html)
(<https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/vaccinating-pregnant-patients.html>)

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