



COMMONWEALTH of VIRGINIA

Department of Health

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Communicable Disease Updates

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Dear Colleague:

I am writing to provide you with brief updates on pertussis, H5N1, Mpox and invasive group A *Streptococcus* (group A strep) disease.

Pertussis

The Virginia Department of Health (VDH) is reporting an increase in pertussis (whooping cough) cases. As of August 1, 2024, more than five times as many cases have been reported compared to the same time last year and exceed pre-pandemic levels. This trend is linked to a rise in pertussis outbreaks across the Commonwealth occurring in group settings, including universities, schools, religious communities, and childcare settings. Outbreaks of pertussis can be large and last for several weeks or longer, impacting both vaccinated and unvaccinated persons.

VDH recommends that healthcare providers:

- Maintain a heightened index of suspicion for [pertussis](#) in patients presenting with cough illness.
- [Obtain a nasopharyngeal \(NP\) swab or aspirate](#) for testing of suspected cases. Contact your [local health department](#) to request pertussis testing at Virginia's state public health laboratory.
- Ensure timely receipt of [post-exposure prophylaxis](#) (PEP) antibiotics for contacts meeting [high-risk criteria](#). People who refuse PEP should be excluded from high-risk settings for 21 days.
- Ensure all patients are [up to date](#) on DTaP and Tdap vaccination.

Avian Influenza A(H5N1)

VDH continues to monitor the [outbreak of highly pathogenic avian influenza \(HPAI\) A\(H5N1\)](#) in poultry and dairy cattle that has resulted in human infections in parts of the United States. At this time, there are no reports of cases in cattle or people in Virginia and the risk of H5N1 infection for the general public remains low. For more information on H5N1, please see [VDH's Avian Influenza webpage](#).

VDH recommends that healthcare providers:

- Ensure people who have job-related exposure to infected or potentially infected cattle, birds, or other animals get vaccinated for seasonal influenza. While the seasonal influenza vaccine will

not protect against H5N1, it can help prevent a person becoming ill with seasonal flu or becoming coinfectd with a seasonal flu virus and H5N1.

- Maintain a low threshold for testing [people](#) for H5N1 if they have compatible signs and symptoms and a relevant exposure history.

Streptococcal Disease, Group A, Invasive

There has been a noted increase in reported invasive Group A Streptococcus (iGAS) cases and outbreaks in Virginia for the past few years. This increase follows [national trends](#) of increasing invasive and noninvasive group A strep cases. In Virginia, an increase in iGAS cases have continued for the first half of 2024, surpassing the number of cases reported in 2023 during the same timeframe.

Healthcare providers should:

- Consider antibiotic resistance testing for iGAS infections. [CDC reports](#) about 1 in 3 iGAS infections are now caused by bacteria that are resistant to erythromycin and clindamycin.
- Consider iGAS in groups that are at increased risk for getting a serious group A strep infection such as: people with preceding viral infections like flu or chickenpox, people aged 65 years or older, residents of long-term care facilities, people who inject drugs or who are experiencing homelessness, and people with immunocompromising conditions.
- Stay up to date on [infection prevention strategies in long term care facilities](#) for GAS and wound care.

Mpox

CDC recently issued a [Health Alert Network health update](#) about the large, ongoing clade I mpox outbreak in the Democratic Republic of the Congo (DRC). It continues to grow and has spread to [neighboring countries](#). The World Health Organization (WHO) [declared](#) mpox to be a public health emergency of international concern on August 14. The risk for Clade I mpox in the general U.S. population is very low. Clade I cases in the U.S. have **not** been reported.

VDH asks providers to maintain a high index of suspicion of mpox in recent travelers to affected areas and their close contacts. Providers should report suspected cases to the [local health department](#) and discuss clade testing at the Division of Consolidated Laboratory Services. Mpox cases associated with the ongoing 2022 global outbreak and milder virus strain (Clade II) continue to occur in [Virginia](#). [People at risk for mpox](#) can maximize their protection by getting both doses of the JYNNEOS vaccine.

Thank you for your continued partnership and attention to these timely updates.

Sincerely,

Karen Shelton, MD

State Health Commissioner