

Pertussis

As elsewhere, pertussis remains an endemic disease in BC, with cyclical peaks occurring every 3-5 years. Since 2012, there has been a gradual increase in overall pertussis activity in BC. This recent increase follows a period of trough activity levels from 2004 to 2011 and is driven by asynchronous cyclical peaks in certain regions. The reasons for this increase are likely multifactorial but may reflect changes in population-level immunity due in part to recent periods of historically low-level activity in some regions of BC and waning of immunity from acellular vaccine.

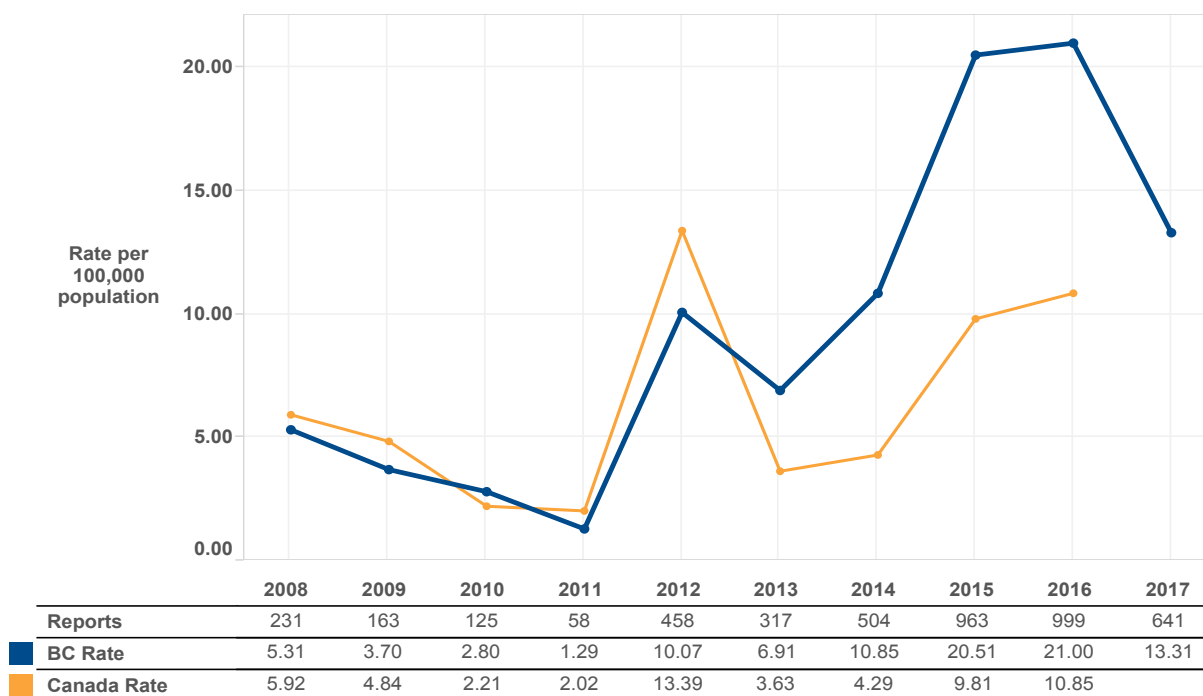
Overall the incidence rate of confirmed pertussis in BC was ~13 per 100,000 in 2017 (Figure 25.1). This is slightly lower than incidence rates of ~20 per 100,000 in 2015 and 2016, but higher than rates of ~5-10 per 100,000 during the preceding years between 2008 and 2014. Incidence rates were highest in Vancouver Island Health Authority and Interior Health Authority, driven by pockets of regional activity notably in Kootenay Boundary, South Vancouver Island, and Okana-

gan HSDAs (Figure 25.2).

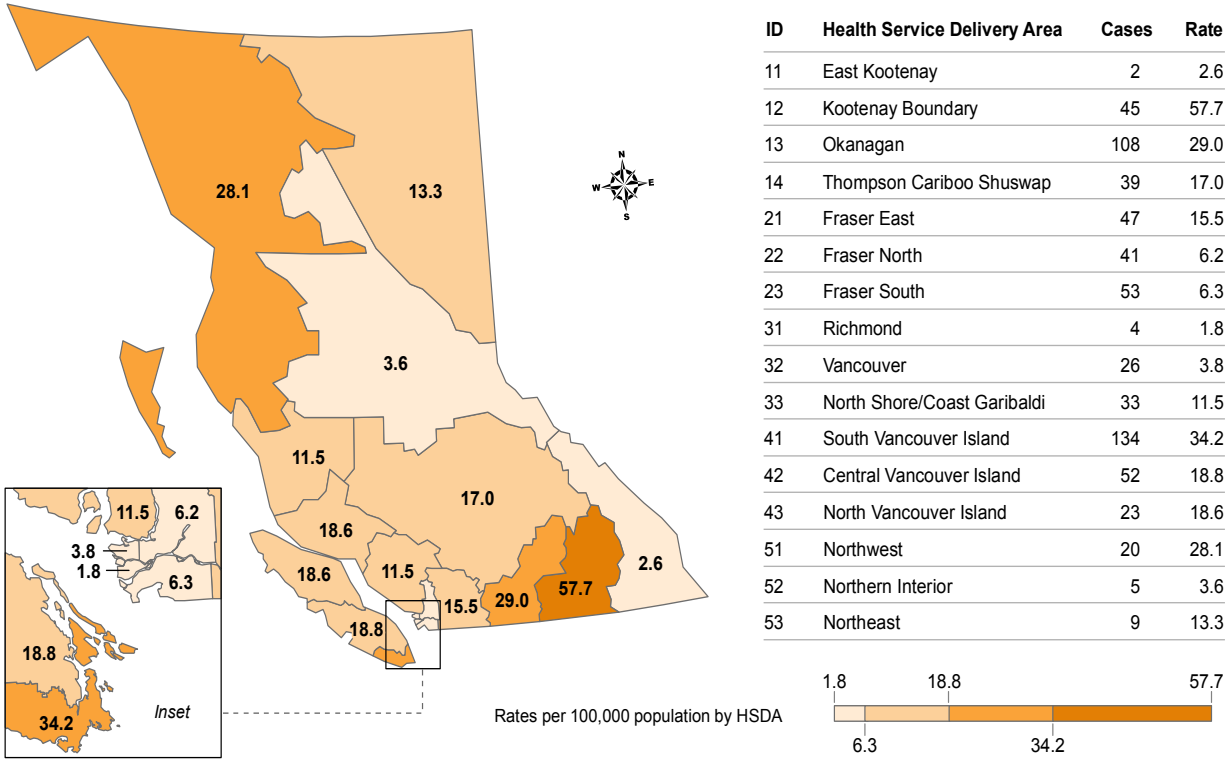
The highest age-specific incidence rates in 2017 were in infants <1 year old followed by near-identical rates in pre-teens/teens (10-14 years old) and younger school-aged children (5-9 years old) (Figure 25.3); lower incidence was observed in pre-school-aged children (1-4 years old). Age-specific incidence was also lower in older teens (15-19 years old) and in adults ≥20 years old.



25.1 Pertussis Rates by Year, 2008-2017



25.2 Pertussis Rates by HSDA, 2017



25.3 Pertussis Rates by Age Group and Sex, 2017

