Event Reporting System (VAERS). The eight infants (four males and four females) were diagnosed with SCID between ages 3 months and 9 months and had received 1–3 doses of rotavirus vaccine before the diagnosis. All the infants had diarrhea, and most had additional infections (e.g., *Pneumocystis jirovecii*, rhinovirus, adenovirus, *Salmonella*, *Escherichia coli*, and *Giardia*) at the time of SCID diagnosis. Rotavirus infection was diagnosed by enzyme immunoassay in seven of the eight patients for whom this information was available. In all eight cases, vaccine-acquired rotavirus infection was confirmed by reverse transcription–polymerase chain reaction (RT-PCR) and nucleotide sequencing. Prolonged shedding of vaccine virus was documented in at least six of these cases, with duration of up to 11 months.

Rotavirus vaccine (both RV5 and RV1) is contraindicated in infants diagnosed with SCID. Consultation with an immunologist or infectious disease specialist is advised for infants with known or suspected altered immunocompetence before rotavirus vaccine is administered. General guidelines on immunodeficiency and use of live virus vaccines are available in the 2009 *Red Book*, Table 1.14.10

### Notes From the Field: Pertussis—California, January–June 2010

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The number of pertussis cases reported to the California Department of Public Health (CDPH) has increased substantially during 2010. The increase in cases was first noted in late March among patients admitted to a children’s hospital. During January 1–June 30, 2010, a total of 1,337 cases were reported, a 418% increase from the 258 cases reported during the same period in 2009. All cases either met the Council of State and Territorial Epidemiologists' definitions for confirmed or probable pertussis or had an acute cough illness and *Bordetella pertussis*—specific nucleic acid detected by polymerase chain reaction from nasopharyngeal specimens.1

During January—June in California, the incidence of pertussis was 3.4 cases per 100,000 population. County rates ranged from zero to 76.9 cases per 100,000 (median: 2.0 cases). By age group, incidence was highest (38.5 cases per 100,000) among infants aged <1 year; 89% of cases were among infants aged <6 months, who are too young to be fully immunized. Incidence among children aged 7–9 years and 10–18 years was 10.1 cases and 9.3 cases per 100,000, respectively.

Of 634 case reports with available data, 105 (16.6%) patients were hospitalized, of whom 66 (62.9%) were aged <3 months. Incidence among Hispanic infants (<49.8 cases per 100,000) was higher than among other racial/ethnic populations. Five deaths were reported, all in previously healthy Hispanic infants aged <2 months at disease onset; none had received any pertussis-containing vaccines.

The incidence of pertussis is cyclical, with peaks occurring every 3–5 years in the United States.2 The last peak was in 2005, when approximately 25,000 cases were reported nationally and approximately 3,000 cases in California, including eight deaths in infants aged <3 months. If the rates from the first half of the year persist throughout 2010, California would have its highest annual rate of pertussis reported since 1963 and the most cases reported since 1958.

CDPH is attempting to prevent transmission of pertussis to vulnerable infants3 by disseminating educational materials and clinical guidance, raising community awareness, and offering free tetanus, diphtheria, and acellular pertussis (Tdap) vaccine to birthing hospitals and local health departments to support postpartum vaccination of mothers and close contacts of newborns.

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### REFERENCES

