



Impact of Pertussis on the Italian population: Analysis of hospital discharge records in the period 2001–2014

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ARTICLE INFO

Article history:

Received 27 June 2019

Received in revised form 19 October 2019

Accepted 22 October 2019

Keywords:

Pertussis

Burden

Vaccination

Pertussis-related hospitalization

Hospital discharge record

ABSTRACT

Objectives: The study aimed to analyze and update the impact of pertussis on the Italian population by evaluating pertussis-related hospital admissions in the period 2001–2014.

Design or methods: Hospital Discharge Records (HDR) were provided by the National Archive of HDR data of the Ministry of Health. Only hospitalizations included in the primary diagnosis were evaluated. Significant trends over the considered years were assessed as average annual percent changes (AAPC) applying the Joinpoint model.

Results: A total of 7,102 hospital admissions for pertussis (main diagnosis) were registered; the trend of hospitalizations progressively decreased from >1/100,000 inhabitants in the years 2001–2004 to 0.64/100,000 inhabitants in 2014. A great part of hospitalizations (63.6%) involved subjects <1 year of life; almost 20% of cases were registered in the age class 5–14 years. The Joinpoint analysis showed a statistically significant variation in some age classes.

Conclusions: Even if this study shows a decreasing trend in the number of pertussis-related hospitalizations, the impact of the disease in Italy in terms of hospital admissions continues to be relevant, especially in the <1 year age class. Pertussis therefore continues to be, in Italy as well as in other European countries, an important public health issue.

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Introduction

Pertussis is a respiratory infection caused by *Bordetella pertussis*, an endemic bacteria in all countries, transmitted to susceptible individuals via droplets and highly contagious; it affects all age groups but tends to be responsible for severe clinical pictures in children, particularly infants (Kilgore et al., 2016; Edwards and Decker, 2013).

It represents a worldwide important cause of childhood morbidity and mortality and, despite high vaccine coverage achieved in many parts of the world, it continues to be a public health issue (Edwards and Decker, 2013).

In infants pertussis may have severe features, such as apnoea and cyanosis (World Health Organization, 2018) while in

adolescents and adults the disease is milder and it may have atypical features (Guiso et al., 2011a), making them a potential source of infection for susceptible children (World Health Organization, 2018).

In the pre-antibiotic and pre-vaccination era, child morbidity and mortality were very high (Mattoo and Cherry, 2005).

Both whole cell (wP) and acellular (aP) pertussis vaccines have a high level of safety, efficacy and effectiveness (Halperin and Halperin, 2011); however aP vaccines may be less effective than the highest-efficacy wP vaccines (World Health Organization, 2018). A recent study compared the immunity response induced by the acellular and whole cell vaccines. After the primary vaccination cycle, the immune response was similar in aP- and wP-immunized children, while the Tdap booster vaccination induced lower humoral and cellular responses in children who were immunized with aP-vaccine compared with those vaccinated with wP-vaccine (van der Lee et al., 2018).

Although vaccination has been associated with a significant decrease in both incidence and mortality, pertussis continues to be one of the most relevant vaccine preventable infectious diseases,

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being still a major cause of death in children <1 year of life, too young to have already received all their primary doses of pertussis vaccine or those who delay the immunization (Halperin and Halperin, 2011; Saadatian-Elahi et al., 2016). According to a recent review (Domenech de Celle's et al., 2016), the incidence of pertussis in the world is characterized by both spatial and temporal variability. In Europe, the notification rate has increased since 2011 (5.5/100,000 inhabitants) and 2012, the last epidemic year (11.6/100,000 inhabitants and 42,525 notifications) (Tant et al., 2015; European Centre for Disease Prevention and Control, 2016). In 2016, the notification rate was 10.77 cases /100,000 inhabitants, for a total of about 50,000 cases (Stefanelli et al., 2018) and in 2017 the confirmed European cases were 42,242 with a notification rate of 9.38/100,000 inhabitants (European Centre for Disease Prevention and Control, 2017). In Italy the incidence of pertussis has significantly decreased along with increasing immunization coverage rates. In the epidemic year 2012 the notification rate has been 0.82/100,000 (European Centre for Disease Prevention and Control, 2016) and the last available data (2017) shown 964 notifications and a notification rate equal to 1.59/100,000 inhabitants (European Centre for Disease Prevention and Control, 2017).

Extensive immunization has exerted an immunological pressure on *Bordetella pertussis* and has been followed by a relevant change of the epidemiology of this disease (Gabutti et al., 2008).

Noteworthy, the immune protection conferred by both natural infection and vaccination is not long-lasting; the decline in immunity occurs 4–12 years after vaccination. Therefore, in recent years it has been observed a resurgence of pertussis, due to a progressive decrease of immunity, in particular for acellular vaccines (Klein et al., 2012). As shown by a study on the seroprevalence of IgG antibodies against pertussis toxin in Italy, the limited duration of immune protection conferred by natural disease as well by vaccination leads to an increased circulation of infection even in adulthood (Fedele and Stefanelli, 2017). With the introduction of vaccination programs, pertussis disease has shifted to older age groups, thus involving adolescents and adults.

Another significant phenomenon is the confirmation, through the surveillance systems, of *B. pertussis* strains that do not express pertactin (contained in the vaccine). This condition is thought to contribute to the occurrence of epidemic outbreaks registered throughout the world in recent years (Lam et al., 2014).

It is believed that pertussis is widely underestimated in Italy, as well as in other countries, because the passive surveillance system has some critical issues such as under-notification, under-diagnosis and delay in notification. Besides, laboratory diagnosis is not always requested and most of the cases occurring in adolescents and adults with atypical presentation are not recognized (Guiso et al., 2011b). Laboratory confirmation and differential tests between *Bordetella* species are helpful to confirm diagnosis (Stefanelli, 2019) and to contrast the under-notification and under-diagnosis.

The aim of this study has been to analyze and update the impact of pertussis on the Italian population by evaluating pertussis-related hospital admissions in the period 2001–2014.

Methods

The National Archive of Hospital Discharge Records Data in Italy was officially established in 1991 with the aim of providing a summary of the main information contained in the medical records (Decree of the Ministry of Health of 28 December 1991). The hospital discharge records (HDR) represent the information gathering tool for each patient discharged from public and private hospitals and contain information on clinical and organizational aspects of hospitalization (Decree of the Ministry of Health of 28

December 1991); they are coded using the International Classification of Disease Ninth Revision, Clinical Modification (ICD9-CM) coding system, currently used in Italy.

All anonymous HDRs data were provided by the National Archive of HDR data of the Ministry of Health; for this type of retrospective study formal consent was not required. This survey is not based upon animal or human clinical study nor patient data. Anyway, the research was performed protecting any personal data accordingly to the Helsinki Declaration and to the Italian law (Legislative Decree of 30 June 2003).

Only hospitalizations included in the primary diagnosis and containing the following ICD9-CM diagnosis codes were evaluated: 033.0 (pertussis caused by *Bordetella pertussis*), 033.1 (pertussis caused by *Bordetella parapertussis*), 033.8 (pertussis caused by other specified organisms), 033.9 (pertussis caused by unspecified organisms) and 484.3 (pneumonia in pertussis). The patient identification code was not requested.

Data processing was performed through the Microsoft Excel 2007 Software. The calculation of rates was performed using the resident population data available for each considered year in the National Statistics Institute (ISTAT) website.

Significant trends over the considered years were assessed as average annual percent changes (AAPC). This is a summary measure of the trend over a given fixed interval that is computed as a weighted average of the annual percent change (APC) emerging from the joinpoint model, using weights equating to the length of the APC interval. If an AAPC lies entirely within a single joinpoint segment, the AAPC is the same as the APC for that segment (Kim et al., 2000).

Results

In the studied period (2001–2014) a total of 7,102 hospital admissions for pertussis (main diagnosis) were registered in the database provided by the Ministry of Health.

The trend of hospitalizations showed a peak in 2002, when 15.1% (1,074 hospitalizations) of all hospitalizations observed in the studied time interval occurred. The rate of hospitalizations had obviously the same trend and progressively decreased from values >1/100,000 inhabitants in the years 2001–2004 to 0.64/100,000 inhabitants in 2014 (Figure 1).

During the study period, the overall annual pertussis hospitalization rate was 0.87/100,000 inhabitants, showing a significant decreasing trend (AAPC–7.5%, 95% CI–10.1 to –4.8). The age group with the highest hospitalization rate was children under 1 year of age. During the period studied, this age group showed an average annual rate of 59.7/100,000 inhabitants, shifting from 67.1/100,000 inhabitants in 2001 to 57.4/100,000 inhabitants in 2014, with a significant decreasing trend (AAPC–4.9%, 95% CI–8.0 to –1.7) and peaking in 2002 with 118.7 hospitalizations per 100,000 population. The peak in 2002 was highlighted for all age groups considered. In the last three years, the trend in pertussis hospitalization rate for children up to 15 years of age reversed, although this was not statistically significant in any of the age groups considered; the more relevant increase concerned the children under 1 year of age for which the rate of hospitalization rose from 41.6 per 100,000 in 2011 to 57.6 per 100,000 inhabitants in 2014 (APCC 10.9, CI95%: –6.2 to 31.1, not significant). Overall, the distribution pattern of hospitalization stratified by age group resulted quite similar during the studied period (Figure 2).

Taking into account the different ICD9-CM diagnosis codes used, 60.4% of the admissions during the period considered were pertussis caused by unspecified organisms, 31.2% pertussis caused by *Bordetella pertussis*, 3.4% pertussis caused by *Bordetella parapertussis*, 2.7% pertussis pneumonia and 2.3% pertussis caused by other specified organisms. As we do not have additional data

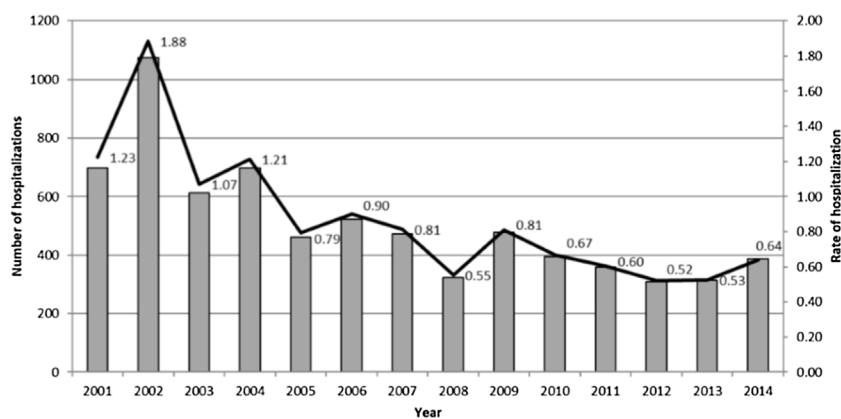


Figure 1. Absolute number and hospitalization rate per 100 000 inhabitants during the study period (2001–2014).

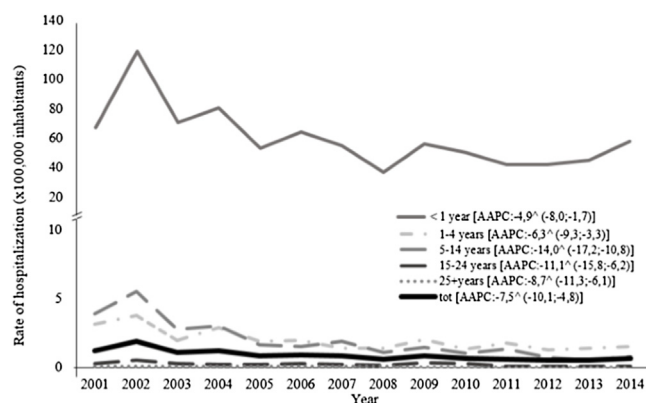


Figure 2. Trend in hospitalizations stratified by age group and year (AAPC: average annual percentage change).

concerning laboratory tests, we are unsure why in many cases 033.8 or 033.9 was coded. For both diagnoses, pertussis caused by non-specified organisms and pertussis caused by *Bordetella pertussis*, the trend of the percentage of hospitalizations is similar with two peaks, one in children <1 year of age and a lower one in the 5–14 years age class.

Most hospitalizations (6,457 cases; 90.9% of all hospitalizations) were ordinary admissions (general ward) and 645 (9.1%) were day-hospital admissions. Females were more represented than men (53.3% vs. 46.7%) [statistically significant AAPC Female: -7.4% (CI95%: -10.6 ; -4.6) Male: -7.4 (CI95%: -10.1 to -4.7), Figure 3].

Noteworthy, hospitalization was urgent in 78.4% of cases and the urgency is greater in the first age class than in all the others. The duration of stay was less than one week for most admissions (73.8%) (Figure 4). The mean was 5.77 (5.67–5.89), the median was 5 days (5%–95% boundaries: 5% 1 days and 95%: 14 days).

Most hospitalized patients were discharged at home (90.2%), followed by voluntary dismissal in 7.06% of cases. Nine patients died (0.13%); they were aged between 61 and 94 years, with the exception of one patient who was <1 year of age, 2 patients (0.03) were discharged at a health care provision, 23 patients (0.32) were discharged at home with activation of home care, 150 patients (2.11) were transferred to another acute care institution, 10 patients (0.14) were transferred to the same institution for another type of hospitalization or other hospitalization regimen, 1 patient (0.01) was transferred to a rehabilitation institute.

The analysis of hospitalizations stratified by geographical area showed a wide range of hospitalization rates in different regions; the highest rates were registered in Sicily, Apulia and Campania

(3.79, 3.76 and 3.74/100,000 in 2002, respectively), in Sardinia (3.29/100,000 in 2004) and in Valle d'Aosta (4.74/100,000 in 2012) (Table 1).

Discussion

This study investigated the impact of pertussis in Italy in terms of hospitalization, thus assessing the most serious cases of the disease. The rate of hospitalization during the studied period ranged between 1.23/100,000 inhabitants in 2001 and 0.64/100,000 inhabitants in 2014 (Figure 1).

As expected, the rate of hospitalization in <1 year-old children was particularly high (59.4/100,000). These data confirm that pertussis continues to be a major public health problem for the most vulnerable subjects, such as unvaccinated or not completely immunized infants and children, possibly exposed to adolescents and adults who act as an often unidentified source of infection (Zamir et al., 2015).

The age distribution of pertussis detected in this study is in line with the one reported in the scientific literature. In a study conducted in Israel in 2015, <1 year-old children showed a 5-fold higher notification rate than the other age groups (96/100,000 inhabitants) and were the most involved age group in hospitalization (Zamir et al., 2015).

This scenario agrees with what was reported in Australia in 2011, where pertussis was reported three times more frequently in children than in the general population. In particular, 1–2 months of age children showed a notification rate 3.5 times higher than the one registered in 3–11 months-old children (Foxwell et al., 2011).

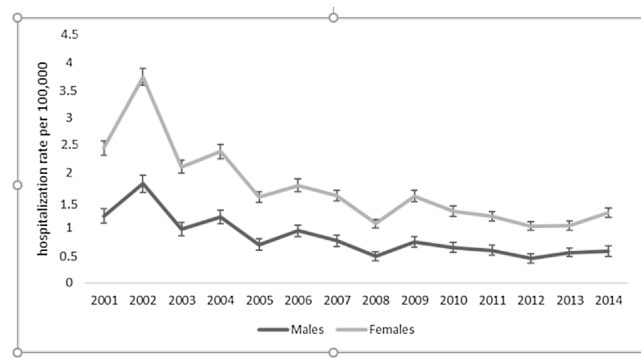


Figure 3. Hospitalizations stratified according to the two most frequent diagnoses and age group.

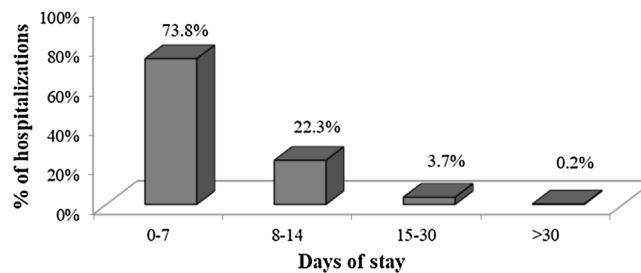


Figure 4. Italian hospitalizations during the study period (2001–2014) stratified by length of stay.

A study in Catalonia showed an incidence rate of pertussis (1.56/100,000 inhabitants/year) and a hospitalization rate (0.85/100,000 inhabitants in the period 2004–2008) (Crespo et al., 2011). This later increased in recent years (1.01/100,000 inhabitants in period 2012–2013) (Crespo et al., 2015). The proportion of hospitalizations compared to the notifications was equal to 31.5%. More than half of the notified cases of illness (52.9%) and 93.7% of admissions occurred in <1 year-old children, confirming also in this geographical area the greater involvement of this age group.

Taking into account the notifications (Figure 5, Supplementary Material) (European Centre for Disease Prevention and Control, 2016; European Centre for Disease Prevention and Control, 2017; Epicentro, 2018a) and hospital admissions registered in Italy in the period 2001–2014, the proportion of hospitalizations compared to notifications has been equal to 54.45%.

This value could be likely related to the quite high under-notification of the disease. A recent study supports this evaluation showing that Italian physicians rarely suspect pertussis in adult or in elderly patients with long-lasting cough and usually request a diagnostic test (Gonfiantini et al., 2013).

The poor use of laboratory tests as confirmation of a suspected infection caused by *Bordetella pertussis* lowers the possibility of diagnosis in patients of all ages with an atypical presentation of the illness and contributes to under-notification and under-diagnosis (Gonfiantini et al., 2014; Crespo et al., 2015). In Sweden only 2% of all laboratory confirmed hospitalized pertussis cases are above one year and younger than 20 year of age; in our study there could be a limit in the evaluation of hospitalizations considering the absence of laboratory diagnosis (Aronsson et al., 2018).

It should also be noted that in Italy, in recent years, there has also been a decrease in vaccine coverage (VC) rate for pertussis; in fact, while in 2007–2008 a VC of 96.7% was achieved, in 2014 VC fell to 94.6%, reaching the minimum value of 93.3% in 2015 (Figure 5, Supplementary Material) (Epicentro, 2018b). However, an improvement in VC is occurring both in childhood and

adolescence as effect of the vaccination requirement (Ministero della Salute, 2018; Law 31 July 2017 N.119).

In the present study, most hospitalizations lasted about a week, which is in accordance with another study conducted in Piedmont in 2013. The authors of that study underlined the usefulness of vaccination of the mother during the post-partum period and of other family members with close contact with the baby (called the cocoon strategy), as they could be a potential source of infection. They believed that the cocoon strategy could reduce the transmission of the disease and consequently also of pertussis-related hospitalizations, in particular in children <1 year of age (Meregaglia et al., 2013). However, this strategy has not been implemented in recent years because of the difficulties in achieving high levels of vaccination coverage in family contacts (this strategy could be effective provided that a large number of contacts are immunized) and some cost-effectiveness assessments were not always favourable. In fact, a study conducted in the USA found that vaccination in pregnancy with a dose of dTpa (diphtheria, tetanus, acellular pertussis with a reduced antigen content) was more cost-effective than the cocoon strategy (Terranella et al., 2013), and also WHO considers vaccination of pregnant women as more cost-effective than “cocoon strategy” (World Health Organization, 2015b).

In accordance with what is reported in the literature, a booster dose of acellular pertussis vaccine is strongly recommended in order to overcome the decline in immunity. A booster dose is strongly recommended in adolescents as well as every ten years in adults/elderly using the combined dTap vaccine, which has been approved for use in children older than 4 years of age (Gabutti and Rota 2012; Calendario vaccinale per la vita, 2018; Vittucci et al., 2016). The introduction of booster doses could have impacted on hospitalizations in the 5–14 age group, shown in our results (Figure 6, Supplementary Material).

Nowadays, pertussis immunization in pregnancy is strongly recommended in both the USA and United Kingdom and has been recently included in the National Immunization Plan, 2017–2019 in

Italy; the objective of this intervention is the prevention of pertussis infection in infants (Centers for Disease Control and Prevention, 2018; Abu Raya et al., 2015; Gabutti et al., 2015; Gabutti et al., 2017; Makis et al., 2017).

This study has some limitations. Pertussis-related hospitalizations were evaluated, thus only the most severe cases of the disease were considered. Also, this observational study evaluated pertussis admissions (pertussis caused by *Bordetella pertussis*, *Bordetella parapertussis*, other specified organisms, unspecified organisms, and pertussis pneumonia) referring exclusively to the main diagnosis inserted in the HDR database. This was certainly a conservative approach and could have resulted in the loss of some cases included in the HDR database with pertussis as a secondary diagnosis.

The patient identification code was not requested so we are not able to identify if any patient was readmitted and to estimate the duration of stay of repeated hospitalizations.

Conclusions

Even if this study shows a decreasing trend in the number of pertussis-related hospitalizations, the impact of the disease in Italy in terms of hospital admissions continues to be relevant, especially in the <1 year age class. This impact is actually even greater taking into account under-notification and under-diagnosis. Pertussis therefore continues to be, in Italy as well as in other European countries, an important public health issue, that could even worsen as vaccine coverage rates are decreasing. It is therefore necessary to strengthen prevention activities against this relevant infectious disease by acting on multiple levels, improving the epidemiological surveillance, increasing the use of laboratory diagnostics for suspected cases, optimizing vaccine interventions already in place by improving vaccine coverage rates and supporting the use of already recommended booster doses in all age groups.

Author contributions

All authors made a substantial contribution to the conception and design of the study, analysis and interpretation of the data, drafting of the article and revising it critically for intellectual content; all authors approved the final version of the manuscript.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Availability of data and materials

Hospital discharge records are available at the National Archive of HDRs data, Ministry of Health, General Directorate of Healthcare Planning, VI Office.

Ethics approval and consent to participate

HDRs were provided by the National Archive of SDO data, Ministry of Health, General Directorate of Healthcare Planning, VI Office. For this type of retrospective study formal consent is not required; any personal data was protected accordingly to the Helsinki Declaration and to the Italian law.

Conflict of interest statement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. GG

received grants from GlaxoSmithKline Biologicals SA, Sanofi Pasteur MSD, Novartis, Crucell/Janssen, Seqirus, Sanofi Pasteur, Merck Italy, Emergent Biosolutions and Pfizer for being consultant or taking part in advisory board, expert meetings, being a speaker or an organizer of congresses/conferences, and acting as investigator in clinical trials. VB received grants from Sanofi Pasteur MSD, GSK Biologicals SA, Novartis, Pfizer, Seqirus, Merck Italy, and Sanofi Pasteur for taking part to advisory boards, expert meetings, for acting as speaker and/or organizer of meetings/congresses, outside this work. SC received grants from Pfizer, Seqirus, Merck Italy, for taking part to advisory boards, for attending to congresses, outside this work. FB, PK and AS have no conflicts to disclose.

Acknowledgements

HDRs were provided by the National Archive of SDO data, Ministry of Health, General Directorate of Healthcare Planning, VI Office.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.ijid.2019.10.027>.

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