
"To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes."

**Public Health Advisory for Health District Four
(Ada, Boise, Elmore and Valley Counties)**

2 PERTUSSIS CASES DIAGNOSED IN MOUNTAIN HOME

October 30, 2008

Circulate to All Medical Providers & Clinical Staff

Physicians have diagnosed two pertussis cases recently in Mountain Home. Both cases were in teenagers attending Mountain Home High School. In an attempt to prevent a pertussis outbreak like the one that occurred in the winter of 2005 (Elmore County—27 reported cases and Ada County—60 reported cases) Central District Health Department is encouraging medical providers to be suspicious of pertussis (whooping cough) in children and adults with persistent cough illnesses.

Early symptoms of pertussis can include a mild fever, sneezing, runny nose and a mild, occasional cough. Often the cough becomes more severe and can become paroxysmal. The cough may be so severe as to cause post-tussive vomiting, inspiratory whoop and cyanosis. The cough may last for 6-10 weeks.

The following Centers for Disease Control and Prevention (CDC) website contains information about pertussis. <http://www.cdc.gov/vaccines/pubs/pertussis-guide/downloads/chapter1.pdf>

TESTING FOR PERTUSSIS

Culture and Polymerase Chain Reaction (PCR) testing of nasopharyngeal swabs is available to medical providers through Saint Alphonsus RMC and Saint Luke's RMC laboratories in Boise; Elmore Medical Center in Mountain Home and McCall Memorial Hospital in McCall. Culture and PCR, if available, should both be performed for evaluating suspected pertussis cases. Pertussis serology is available through some labs. It can be useful late in the course of patients' illnesses, when PCR and culture are more likely to be negative, but the tests are not FDA-approved.

The following CDC website contains information about diagnosis and lab methods. http://www.cdc.gov/vaccines/pubs/pertussis-guide/downloads/DRAFT_chapter2_amended.pdf

TREATMENT AND POST-EXPOSURE PROPHYLAXIS OF CLOSE CONTACTS OF CASES

The CDC recommends that treatment should be initiated as soon as pertussis is suspected in a patient. Additionally, if pertussis is highly suspected in a patient, chemoprophylaxis of all household and close contacts is recommended

regardless of age and vaccination status. Antibiotics and dosages for both treatment and chemoprophylaxis are the same. Erythromycin, Azithromycin, Clarithromycin, and in some cases, TMP/SMX have been approved for pertussis treatment and postexposure prophylaxis. For CDC guidelines about recommended antimicrobial agents for treatment and postexposure prophylaxis see the following website.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>

IMMUNIZATIONS

Please assure that eligible patients are fully vaccinated. Remember that adolescents 11-12 years of age should receive Tdap (tetanus, diphtheria and acellular pertussis) vaccine. See the website below--CDC Recommended Immunization Schedule for Persons Aged 7-18 Years.

http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_7-18yrs_schedule_pr.pdf

Also remember that adults 19-64 years of age should receive a single dose of Tdap vaccine for a booster. The website below is CDC's Recommended Adult Immunization Schedule. <http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/07-08/adult-schedule.pdf>

REPORTING

Promptly report suspected pertussis cases or lab confirmed cases to the Communicable Disease Control Program. We may be able to intervene early to limit the spread to household members, coworkers or school and childcare contacts.

Office of Communicable Disease
Control & Public Health Preparedness
Ada & Boise Counties 327-8625
Elmore County 587-4407
Valley County 634-7194

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