



Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Alert

Please deliver a copy of the accompanying alert to each provider in your organization.

Thank you

Questions regarding this alert may be directed to the office of:

Alan Melnick, MD, MPH
Health Officer

Jennifer Vines, MD, MPH
Deputy Health Officer

Clark County Public Health
Cowlitz County Health Department
Skamania County Health Department
Wahkiakum County Department of Health and Human Services
(360) 397-8412

Please Distribute

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for specific incident for situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

HEALTH Advisory March 11, 2011

TO: Physicians and Other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Jennifer Vines, MD, MPH, Deputy Health Officer

RE: PERTUSSIS EXPOSURE

Clark County Public Health is investigating a lab-confirmed case of pertussis. Symptomatic family members attended the 11 am church service on March 6 at the Living Hope Church, K-Mart campus, in Vancouver, Washington. The attached letter is being sent to the church today notifying the congregation that they may have been exposed to pertussis. The letter will be given out this Sunday at all 3 Living Hope church locations.

Exposed persons at increased risk for pertussis complications, specifically infants younger than one-year and pregnant women, especially women in the third trimester of pregnancy, should receive antibiotics to lower the risk of becoming ill. In addition, exposed persons who live with or work with infants and pregnant women, should receive antibiotics.

Please consider pertussis in your differential diagnosis in patients with symptoms consistent with pertussis infection and in particular if they attended church services described above. See the attached antimicrobial treatment and post exposure prophylaxis guidelines.

Early symptoms can last for 1 to 2 weeks and may include:

- Runny nose
- Low-grade fever (generally minimal throughout the course of the disease)
- Mild, occasional cough

As the disease progresses, the classic and more severe symptoms of pertussis can appear and include:

- Paroxysms (fits) of many, rapid coughs followed by a high-pitched "whoop"
- Vomiting

In addition, we are asking that you take every opportunity to urge patients, adults and children, to update their pertussis vaccinations.

Please call your local health jurisdiction to report suspected or confirmed pertussis. To report notifiable conditions or if you have questions, please call:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

Table 1: Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group

Age group	Primary agents			Alternate agent*
	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
Under 1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available.)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety data unavailable)	Contraindicated for infants aged < 2 months (risk for kernicterus)
1–5 months	10 mg/kg per day in a single dose for 5 days	40–50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at age < 2 months. For infants aged ≥ 2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (6 months and older) and children	10 mg/kg in a single dose on day 1 (maximum: 500 mg/day) then 5 mg/kg per day on days 2–5 (maximum: 250 mg/day)	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days (maximum: adult dose)
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days Pregnancy category C	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days Pregnancy category C

* Trimethoprim sulfamethoxazole (TMP-SMZ) can be used as an alternative agents to macrolides in patients aged ≥ 2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of *B. pertussis*.

Source: MMWR 2005;54:RR-14



proud past, promising future

CLARK COUNTY
WASHINGTON

Public Health

1601 E. Fourth Plain Blvd.
P. O. Box 9825
Vancouver, WA 98666-8825
(360) 397-8000

DATE: March 11, 2011

TO: Living Hope Church
K-Mart Campus – Vancouver, WA

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Clark County Public Health

RE: Pertussis

Dear Church Member,

We are writing to let you know that there were two possible cases of pertussis (whooping cough) in individuals who attended the **11 AM Church Services on Sunday March 6** at the **Living Hope Church, K-Mart campus**. You and/or your family may have been exposed to the ill **individuals** if you were in the church on that date.

Pertussis is a highly contagious disease that is spread through the air by coughing. Pertussis usually begins with cold-like symptoms and a cough that worsens over 1-2 weeks. Symptoms may include coughing “fits” followed by a “whooping” noise, vomiting, cyanosis (turning blue) or the inability to catch one’s breath. The cough is often worse at night and cough medicines usually do not help eliminate the cough. Usually, persons infected with pertussis do not have a fever.

Adults and children may catch pertussis, **even if they have had all or some of their immunizations (DTaP)**. In older children and adults the symptoms may be only a persistent cough which is worse at night. Even though this illness may be milder in older children and adults, they are still contagious. This illness is often very severe in small infants.

Exposed persons at increased risk for pertussis complications, specifically infants younger than one-year and pregnant women, especially women in the third trimester of pregnancy, should receive antibiotics to lower the risk of becoming ill. In addition, exposed persons who live with or work with infants and pregnant women, should receive antibiotics. Persons who have already become ill after exposure should see their healthcare providers for possible testing and antibiotic treatment to recover more quickly and to reduce the risk of spreading pertussis to others.

Clark County Public Health Recommendations:

Persons who were in the **Living Hope Church, K-Mart campus** for longer than one hour on **Sunday March 6** may have been exposed to pertussis.

1. If you or your child were exposed as described above and developed a cold or coughing illness since these dates and the symptoms are still present it is important for you to be evaluated *promptly* by your doctor for pertussis infection.
2. If you have a child under the age of 1 year who was exposed as described above please speak with your doctor about getting antibiotics for your child even if your child does not have any cold symptoms. This is done to prevent an exposed person from developing the illness. These antibiotics must be taken as soon as possible after exposure.
3. If you are pregnant, especially if you are in the third trimester of pregnancy, and were exposed as described above please speak with your doctor about getting antibiotics for yourself to prevent the development of illness even if you do not have any cold symptoms. These antibiotics must be taken as soon as possible after exposure.
4. We also recommend all others who were exposed, especially those individuals who work with or are members of households with pregnant women or infants, to seek medical advice about whether they should receive antibiotics to prevent illness. In addition, exposed persons with underlying lung disease or immune deficiencies should contact their healthcare providers.
5. If you see your doctor for any of the reasons listed above please show this letter to your doctor at your visit.
6. Check your vaccination records.
 - Please make sure that you are current on all of your pertussis vaccinations whether or not you were exposed to the ill child.
 - Pertussis vaccines are recommended for both children and adults.
 - Exposed children who received their third dose of DTaP vaccine 6 months or more before exposure to pertussis should be given a 4th dose at this time.
 - Children who have had 4 doses of pertussis vaccine should receive a booster DTaP unless a dose has been given within the last 3 years or they are 7 years of age or older.
 - Individuals age 11 through 64 years who have never received the pertussis-containing vaccine Tdap should get it at this time.
 - Adults aged 65 years and older (grandparents, child-care providers, and health-care practitioners) who have or who anticipate having close contact with an infant less than 12 months of age and who previously have not received Tdap should receive a single dose at this time.

If you have questions please call, your health care provider or the Clark County Public Health at (360) 397-8182. Thank you for your attention.