



**AUG. 17, 2010**

## **HEALTH ADVISORY**

### **Pertussis Cases Reported in North Dakota**

Since July 26, 2010, ten cases of pertussis have been reported to the North Dakota Department of Health (NDDoH). The cases have been from six counties in North Dakota. To date this year, 31 cases of pertussis have been reported in eight counties. Cases have been reported in Burleigh, Cass, McLean, Richland, Stark, Walsh, Ward and Williams Counties. The age range of cases is 2 months to 53 years. However, only two cases have been reported in adults, and the rest are in children younger than 18. Pertussis incidence typically peaks every three to five years. The most recent peak in North Dakota was in 2004 when 757 cases were reported. In 2007, 14 cases were reported, 25 cases in 2008, and 30 cases in 2009. Many other states are currently reporting increased cases of pertussis. The most notable outbreak currently happening in the U.S. is in California where seven infants have died. As of Aug. 10, 2010, California has reported 2,774 cases of pertussis, which is a seven-fold increase in cases compared to this time last year.

Pertussis (known as whooping cough) is a contagious disease that lasts for many weeks or months and can cause severe coughing with a “whooping” sound or coughing that leads to vomiting. The disease can be life threatening for infants and is usually spread by adults to infants. Generally, the illness is less severe in those who are vaccinated.

**The NDDoH recommends providers consider testing for pertussis when evaluating any patient with an unexplained, prolonged cough illness (longer than 14 days) characterized by one or more of the following symptoms:**

- **Paroxysms**
- **Whoop**
- **Post-tussive gagging/vomiting**
- **Apnea**

Testing for pertussis should include a specimen for both culture and polymerase chain reaction (PCR). Pertussis testing kits are available at most major medical centers and from the Laboratory Services Division at the NDDoH (701.328.6272). The fee for pertussis testing through the NDDoH is \$50.

**The Department of Health recommends that people presenting with the above symptoms be considered presumptive pertussis cases and be treated and excluded from community activities, including school, childcare or work.** If treatment is started early in the course of illness, symptoms may be lessened. Only the antibiotics listed on the Pertussis Treatment and Chemoprophylaxis Guidelines (click on following link) are effective in treating pertussis: [www.ndhealth.gov/Immunize/Documents/Disease/Pertussis\\_Tx09.pdf](http://www.ndhealth.gov/Immunize/Documents/Disease/Pertussis_Tx09.pdf).

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Patients are most infectious early in the illness, but communicability may persist for three weeks after onset of cough. Treatment is not necessary for suspect cases that have had a cough for longer than 21 days.

Antimicrobial therapy decreases communicability and may limit the spread of disease. **All people identified as contacts of confirmed pertussis cases, regardless of symptoms, should be placed on the appropriate antibiotics.** The NDDoH will refer contacts to their primary care provider for evaluation and treatment.

The incubation period for pertussis is usually seven to 10 days, but can range from four to 21 days. Symptomatic contacts to confirmed cases should be treated and reported to the NDDoH. They do not need to be tested as they will be considered epi-linked cases and investigated by the NDDoH. Symptomatic contacts should be prescribed antibiotics and advised to exclude themselves from all activities (i.e., childcare, work, school) until antibiotics have been taken for five days.

Diphtheria, tetanus and acellular pertussis vaccine (DTaP) should be administered routinely to infants at 2, 4, 6 and 15 to 18 months of age. A booster dose of DTaP should be given at 4 to 6 years of age. DTaP vaccine should not be given to children seven years of age and older.

The Advisory Committee on Immunization Practices (ACIP) recommends vaccination of adolescents (11 – 18) and adults younger than 65 against pertussis with tetanus, diphtheria and pertussis vaccine (Tdap). Adolescents should be routinely vaccinated at 11 to 12 years of age. A single dose of Tdap should replace a Td booster (recommended every 10 years) for adults not previously vaccinated with Tdap. The safety of an interval as short as approximately two years between Td and Tdap is supported by a Canadian study; shorter intervals may be used.

The NDDoH supplies DTaP vaccine for all Vaccines For Children (VFC) eligible children (18 and younger and either Medicaid eligible, American Indian, uninsured or underinsured). For a limited time only, Tdap may be used for anyone, including those with insurance. State-supplied Tdap may be ordered for individuals with insurance until Sept. 30, 2010. After Sept. 30, 2010, state-supplied Tdap only may be ordered for uninsured and underinsured adults, new parents/guardians/caregivers (including insured) of infants younger than 12 months, and Vaccines For Children (VFC) eligible children.

Please refer to the Immunization Program website at [www.ndhealth.gov/Immunize](http://www.ndhealth.gov/Immunize) for additional information regarding pertussis.

Please contact the NDDoH Division of Disease Control, at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding this issue.

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*Categories of Health Alert messages:*

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.*