

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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****ADVISORY – Important Information****

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TO: All Academic, All Epidemiologists, HETL, All Local Public Health Liaisons, All Childcare, City and County Health Departments, All Healthcare, Lab Facilities, County EMA Directors, Maine Medical Association, Northern New England Poison Center, All Public Health, Public Health Nursing, EMS, All RRCs

FROM: Dr. Sheila Pinette, Maine CDC Director
Dr. Stephen Sears, State Epidemiologist

SUBJECT: **Statewide Pertussis**

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Maine Center for Disease Control and Prevention (Maine CDC)

Statewide Pertussis – Maine, July 2013

Background: Pertussis continues to affect a significant number of Maine residents. During January 1 – July 26, 2013, 196 pertussis cases from 13 Maine counties have been reported. This number is less than the 333 reported pertussis cases during the same period in 2012, but exceeds the five year median of 60 pertussis cases. In Maine, the majority of reported cases have occurred among persons aged 7-19 years.

Pertussis is a highly communicable, vaccine-preventable disease that can last for many weeks. It is transmitted through direct contact with respiratory secretions of infected persons. Classic pertussis symptoms include paroxysmal cough, whoop, and posttussive vomiting. Pertussis can cause serious illness and can even be life-threatening, especially in infants. More than half of infants less than 1 year of age who get pertussis must be hospitalized.

Maine CDC investigates all cases of pertussis to reinforce treatment guidelines and identify close contacts to assess whether prophylaxis is warranted. The following recommendations are highlighted to guide clinical management of suspect cases and persons reporting exposure to pertussis.

Clinicians are encouraged to:

1. Consider pertussis when evaluating any patient with an acute illness characterized by cough >2 weeks in duration, or cough with paroxysms, whoop, or posttussive vomiting. Infants may present with gasping, gagging, apnea and/or cyanosis. Infants are also likely to have leukocytosis with an increased absolute lymphocyte count.
2. Test persons who exhibit symptoms consistent with pertussis. Collect specimen with a nasopharyngeal swab and send specimens to Maine CDC's Health and Environmental Testing Laboratory or a reference laboratory for polymerase chain reaction (PCR) testing. Testing is not recommended for persons who are asymptomatic.
3. Treat patients diagnosed with pertussis with appropriate antibiotics and exclude from daycare, work, camp and social activities until 5 days of treatment have been completed. Symptomatic contacts of pertussis cases should be tested for pertussis and placed on appropriate antibiotics.
4. If pertussis is a possible diagnosis in a young infant, treatment with azithromycin should be started immediately pending test results. The severity of illness in an infant with pertussis is unpredictable and clinical decline is often rapid. All young infants (aged ≤ 3 months) with possible pertussis should be admitted to the hospital and many will require PICU care.
5. Prophylaxis is recommended for asymptomatic household and high-risk contacts of persons diagnosed with pertussis (e.g. infants and their household contacts, pregnant women, healthcare workers), regardless of vaccination status.
6. Check the vaccination status of all patients and ensure they are up-to-date on pertussis vaccination.
 - a. Infants and children should receive DTaP (diphtheria, tetanus, and acellular pertussis) vaccine at 2, 4, and 6 months, 15 through 18 months, and 4 through 6 years of age.
 - b. Tdap is routinely recommended as a single dose for those aged 11-18 years with preferred administration at 11-12 years.
 - c. Children aged 7-10 years who did not complete the childhood DTaP vaccine series should receive a one-time dose of Tdap.
 - d. Persons aged 19 years and older who have not received a dose of Tdap should receive a one-time dose (no matter when their last tetanus booster [Td] was administered), especially if they have close contact with an infant.
 - e. Pregnant women are recommended to receive a dose of Tdap vaccine during each pregnancy. If Tdap is not received during pregnancy, it should be given immediately postpartum.

f. Tdap is recommended as a one-time vaccination for healthcare workers.

7. Report suspect cases of pertussis to **Maine CDC at 1-800-821-5821**.

For More Information:

- General information on pertussis as well as a statewide surveillance report (including county and age group breakdowns) can be found on the Maine CDC website <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vaccine/pertussis.shtml>.
- Additional information on the diagnosis and management of young infants with pertussis can be found on the Maine CDC website at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vaccine/documents/Pertussis-Infants-Guidance-Clinicians.docx>
- For information about pertussis vaccine or vaccine schedules, please contact the Maine Immunization Program at www.immunizeme.org or by calling 1-800-867-4775.
- Maine CDC epidemiologists are available to answer any questions about pertussis diagnosis or management through the 24/7 disease reporting line at 1-800-821-5821.