



Grant County Health District – Always Working for a Healthier and Safer Grant County

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FOR IMMEDIATE RELEASE

03/04/2009

FOR INFORMATION CONTACT:

TO: Emergency Rooms in Grant County
Walk-in Clinics in Grant County
Healthcare Provider Offices in Grant County
EMS Providers in Grant County
School District Nurses in Grant County

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- GRANT COUNTY PUBLIC HEALTH ALERT -

PERTUSSIS OUTBREAK IN KITTITAS COUNTY WITH EXPOSED CONTACTS LIVING IN GRANT COUNTY.

As of March 4, 2009 at 10:30 a.m. there are 7 laboratory confirmed cases of pertussis in Kittitas County. Six of these cases are associated with Kittitas Secondary School. Three pertussis contacts are residents of Grant County. However there are reported contacts that reside in Vantage and may utilize Grant County healthcare providers. If you suspect a case of pertussis contact GCHD immediately. Use proper post-exposure prophylaxis when indicated in contacts to acute pertussis case(s).

Grant County Health District recommends that you vaccinate all children, adolescents and adults seen in your practice against pertussis, with either DTaP (for children under 7) or Tdap (for adults and adolescents) where such vaccine is indicated.

New 2008 ACIP recommendations discuss using Tdap in pregnancy and immediate postpartum period. **Give Tdap immediately postpartum** before discharge to all women without prior Tdap (as soon as 2y after last Td). Consider deferring Td during pregnancy if presumed immunity to Td and give a postpartum Tdap instead. Tdap is not contraindicated in pregnancy but weigh risks if planning to administer in 2nd or 3rd trimester (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5704a2.htm>).

If you have any further questions, please contact us at the numbers listed above. We thank you in advance for your cooperation.

Testing and exclusion information for ongoing pertussis cases

Following are recommendations from the Kittitas County Public Health Department regarding management of pertussis cases:

- ▶ Symptomatic cases – Collect sample for laboratory confirmation of pertussis, start patient on antibiotic treatment, exclude from all activities for 5 full days of treatment, notify Health Department of actions by fax (509) 933-8246 or phone (509) 962-7515, after hours: (800) 839-1922
- ▶ Asymptomatic cases with close contacts – Start patient on antibiotic treatment, no exclusion necessary
- ▶ Asymptomatic cases with casual contact – No action necessary

Recommended antibiotic treatment from the Washington State Department of Health:

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

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