



CRAWFORD COUNTY PUBLIC HEALTH



P R E V E N T • P R O M O T E • P R O T E C T

To Whom it may Concern:

1/15/2019

A student at Crestline Elementary was recently diagnosed with pertussis (Whooping Cough). Pertussis is a highly contagious respiratory infection that may occur at any age. We are notifying people who may have had contact with this individual.

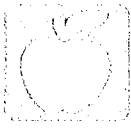
While the risk for infection is low, we would like to provide you with the following information on pertussis in the event you or your child develops symptoms in the next few weeks. If you or your child develops pertussis-like symptoms, please consult your doctor.

Pertussis usually begins as a mild respiratory infection with symptoms presenting gradually and resembling those of the common cold (sneezing, runny nose, and mild cough). Within two weeks the illness can progress to a more severe cough often with spasms of rapid cough. Coughing episodes are sometimes followed by a high pitched whoop and/or vomiting. These symptoms are more frequent at night and may last for up to 10 weeks. Pertussis in older children, adults, and those previously immunized can be milder than classic whooping cough.

A one-time pertussis booster shot known as Tdap is recommended for adults and older children. If you have any questions about immunizations please consult with your doctor or call Crawford County Public Health at (419)-562-5871 to learn more.

Sincerely,

School Health Nursing



CRAWFORD COUNTY PUBLIC HEALTH



PREVENT • PROMOTE • PROTECT

Frequently Asked Questions

Pertussis

What is pertussis?

Pertussis, or whooping cough, is a highly contagious respiratory infection caused by the bacteria *Bordetella pertussis*.

Who gets pertussis?

Pertussis can occur at any age. Although most of the reported cases occur in children under five years of age, the number of cases in adolescents and adults is increasing, probably due to waning of vaccine immunity. Adolescents and adults and those partially protected by the vaccine may have milder disease which is not diagnosed as pertussis. Pertussis is thought to account for up to 7% of cough illnesses per year in adults.

How is pertussis spread?

Pertussis is primarily spread by direct contact with the discharges from the nose and throat of infected individuals. Frequently, older siblings or other adult household members who may be harboring the bacteria in their nose and throat can bring the disease home and infect an infant in the household.

How contagious is pertussis?

Pertussis spreads easily from person to person through coughing and sneezing. A person with pertussis can infect up to 12 to 15 other people. That's why being up-to-date with pertussis vaccines and practicing good cough etiquette are so important. If you or your child develops a cold that includes a severe cough or a cough that lasts a long time, it may be pertussis. The best way to know is to contact your doctor.

What are the symptoms of pertussis?

Pertussis begins as a mild upper respiratory infection. Initially, symptoms resemble those of a common cold, including sneezing, runny nose, low-grade fever, and a mild cough. Within two weeks, the cough becomes more severe and is characterized by episodes of numerous rapid coughs followed by a crowing or high-pitched whoop. Thick, clear mucus may be discharged with the coughing. These episodes may recur for one to two months, and are more frequent at night. Young infants, adolescents, and adults do not have these typical coughing spells. Older people or partially immunized children may have milder symptoms.

How soon after infection do symptoms appear?

The incubation period is usually 7 to 10 days, with a range of 4 to 21 days.

When and for how long is a person able to spread pertussis?

A person can transmit pertussis from the onset of symptoms to three weeks after the onset of coughing episodes. The period of communicability can be reduced to five days after appropriate antibiotic therapy is begun.

Does past infection with pertussis make a person immune?

One attack usually confers immunity comparable to that provided by vaccine.

What are the complications associated with pertussis?

Young infants are at the greatest risk for complications. Serious complications of pertussis include pneumonia, seizures, encephalopathy (disorders of the brain), and death. Less serious complications include ear infections, loss of appetite, and dehydration.

What is the vaccine for pertussis?

Children should be immunized with the DTaP (diphtheria toxoid in combination with tetanus toxoid and acellular pertussis) vaccine at 2, 4, 6 and 15 to 18 months of age and between 4 and 6 years of age. Older children and adults who have completed the primary series should receive Td (tetanus/diphtheria) boosters every 10 years. It is recommended that for both adolescents (11-18 years of age) and adults <65 years of age, Tdap (tetanus/diphtheria/acellular pertussis) be used for one of those boosters to provide protection against pertussis. See the Centers for Disease Control and Prevention (CDC) for the most current Advisory Committee on Immunization Practices (ACIP) recommendations on vaccination and control measures.

What can be done to prevent the spread of pertussis?

The single most effective control measure is maintaining the highest possible level of immunization in the community. The treatment of cases of pertussis with the appropriate antibiotic is important, as is the treatment of close contacts of cases. In addition, medical professionals should consider the diagnosis of pertussis in adolescents and adults with persistent coughs. People who have or may have pertussis (including those with a persistent cough) should stay away from young children and infants until properly evaluated by a physician.

Why are reported cases of pertussis increasing?

Since the early 1980s, there has been an overall increase in reported pertussis cases. Pertussis is naturally cyclic in nature, with peaks in disease every 3-5 years. But for the past 20-30 years, we've seen the peaks getting higher and overall case counts going up. There are several reasons that help explain why we're seeing more cases as of late. These include: increased awareness, improved diagnostic tests, better reporting, more circulation of the bacteria, and waning immunity.

When it comes to waning immunity, it seems that the acellular pertussis vaccine (DTaP) we use now may not protect for as long as the whole cell vaccine (DTP) we used to use. Throughout the 1990s, the US switched from using DTP to using DTaP for infants and children. Whole cell vaccines are associated with higher rates of minor and temporary side effects such as fever and pain and swelling at the injection site. Rare but serious neurologic adverse reactions including chronic neurological problems rarely occurred among children who had recently received whole cell vaccines. While studies have had inconsistent results that the vaccine could cause chronic neurological problems, public concern in the US and other countries led to a concerted effort to develop a vaccine with improved safety. Due to these concerns, along with the availability of a safe and effective acellular vaccine, the US switched to acellular pertussis vaccines.