



Public Health Message

from the Fort Wayne-AlLEN County

Department of Health

Date: July 23, 2009

Topics: H1N1 and Pertussis

H1N1

- Over 99% of all subtyped influenza A viruses being reported to CDC were novel influenza A (H1N1) viruses. (You should consider that most of what you are seeing that tests positive for Influenza A is H1N1, McMahan)
- The Indiana State Department of Health reports 291 confirmed cases of the pandemic H1N1 in the state. There have been two deaths associated with the pandemic H1N1 influenza.
- According to the CDC, severe disease and death caused by pandemic H1N1 flu thus far have affected younger adults, children, pregnant women, and persons of all ages with certain underlying medical conditions. The virus has also caused numerous outbreaks in schools and summer camps.
- The Southern hemisphere is currently in the midst of their flu season and are experiencing a significant number of cases of H1N1, sometimes overwhelming their healthcare system.
- A small number of antiviral resistant cases (4) have been identified.

Pertussis

The Indiana State Department of Health (ISDH), in collaboration with local health departments, is investigating pertussis activity at summer camps in Indiana (including two-day camps and one overnight camp). Individuals at these camps have tested positive for pertussis by PCR and symptoms have been consistent with the clinical case definition for pertussis.

Symptoms

Initial Catarrhal Phase:

Cold-like symptoms for first week – this is when the disease is most contagious

Second Paroxysmal Phase: worsening cough, which may be associated with characteristic whoop, petechiae, or cyanosis. . Infants younger than 6 months of age may not have the strength to have a whoop, but they do have paroxysms of coughing. Fever is usually minimal during the whole infection.

Recovery Phase: can last up to 6 weeks

Treatment

Antibiotics

An antibiotic effective against pertussis (such as azithromycin, erythromycin or trimethoprim-sulfamethoxazole) should be administered to all close contacts, especially household contacts, of persons with pertussis, regardless of age and vaccination status.

Vaccination

All close contacts younger than 7 years of age who have not completed the four-dose primary series should complete the series with the minimal intervals. (Minimum age for first dose is 6 weeks; minimum intervals from dose 1 to 2 and from dose 2 to 3 are 4 weeks; minimum interval from dose 3 to 4 is 6 months.) Close contacts who are 4–6 years of age and who have not yet received the second booster dose (usually the fifth dose of DTaP) should be vaccinated.

Secondary Prevention in Camps with Confirmed Cases

1. The case should be excluded from public activities through 5 days on antibiotics. If it is not possible to exclude the case, sending the case home should be considered.
2. Close contacts (i.e. those residing in the same tent or cabin and health care personnel examining suspect cases) should receive antibiotic prophylaxis. If they are symptomatic, they should be treated and excluded. Asymptomatic close contacts may continue with normal activities if being treated prophylactically.
3. Testing should be conducted of individuals suspected of having pertussis. Confirmatory tests include culture or polymerase chain reaction (PCR). Do not wait for test results to treat or isolate a suspect case of pertussis.
4. The camp should continue active screening of all campers, staff, and volunteers to monitor for appearance of symptoms. Should symptoms develop, the individual should be tested, treated, and isolated through 5 days on an appropriate antibiotic.
5. The local health department should be notified immediately of suspect pertussis cases.

Thanks, any questions call Deb McMahan, MD