

# Public Health Update

May 2001

**W**elcome to the first edition of "Public Health Update," a bi-monthly newsletter from Tri-County Health Department. We will be faxing these short newsletters to you every other month in an effort to keep you abreast of important disease trends and other current or seasonal public health issues. You play a crucial role in our efforts to trace and stop infectious diseases among our citizens, so we want to keep you informed.

This month's topic is Pertussis, commonly known as whooping cough. Tri-County Health recently had numerous cases among high school students, which was covered heavily in the media. The disease continues to be spread around the area, though the number of cases are what we would expect to see from trends over the last five years.

We hope this and future newsletters will be of interest to you and your colleagues. If you would prefer to not receive this publication, please call Laura Dippold at (303) 846-6227.

*Richard L. Vogt, M.D., Executive Director*

## **Pertussis (Whooping Cough)** *By Ruth Caruso, RN, MSN*

In 2001, there were 137 pertussis cases reported to the Tri-County Health Department (TCHD). This represents a 25% increase from 2000 when 110 pertussis cases were reported. During 2000, TCHD's pertussis incidence rate was 10.7/100,000 population. There were 7,867 pertussis cases reported in the United States during 2000 for an incidence rate of 2.9/100,000 population (most recent data from CDC). TCHD's higher reported pertussis incidence rate

compared to the national average may be due to truly higher disease incidence in Colorado and/or the result of improved surveillance and detection.

Pertussis occurs year round in Colorado. April through June are months with the lowest numbers of pertussis cases, and August through January are months with the highest number of cases by onset date.

*(continued)*

### **Reported Pertussis Cases and Rates by County, for TCHD**

	1997	1998	1999	2000	2001	Avg Ann#	Avg Rate for 5 yrs
Adams	63	32	25	68	85	54.6	15.8
Arapahoe	61	25	29	35	46	39.2	8.4
Douglas	9	6	4	9	6	6.8	4.5
TOTAL	133	64	58	110	137	100.4	10.2



#### **Tri-County Health Department**

Serving Adams, Arapahoe and Douglas Counties  
7000 E. Belleview, Suite 301 Greenwood Village, CO 80111 (303) 220-9200  
Richard L. Vogt, M.D., Executive Director

## Frequently Asked Questions about pertussis:

### What are the symptoms of pertussis?

It begins with mild upper respiratory symptoms for 3-14 days and then can progress to severe paroxysms of cough, inspiratory whoop and often post-tussive vomiting. Fever is absent or minimal. Complications can include pneumonia, apneic episodes, nutritional problems due to vomiting, otitis media, seizure and encephalopathy.

### How is it transmitted?

Pertussis is transmitted by close contact with respiratory secretions. A close contact is defined as household members or "best or close" friends with face-to-face contact with a known case on a daily basis while the case was infectious and coughing.

### What laboratory testing is done for pertussis?

Laboratory confirmed pertussis cases are culture positive or PCR positive and meet the clinical case definition. Children's Hospital accepts only nasal wash specimens for PCR. Pertussis may be detected by PCR even if the person has been treated or has been coughing for some time.

### Should I test every child for pertussis who comes in complaining of a cough?

It is recommended that testing for pertussis be done if the patient meets the clinical case definition and/or there is reason to believe that they may have been exposed to someone with confirmed pertussis.

**Clinical Case Definition of pertussis:** A cough illness lasting at least 14 days with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting - and without other apparent cause.

### Treatment for pertussis, and who should receive prophylaxis:

Antibiotics should be prescribed for the patient, AND all household and close contacts regardless of immunization status.

### Recommended medications for treatment OR prophylaxis include:

**1st choice(s):** **Zithromax** 10 mg/kg (maximum=500 mg) of day 1, then 5 mg/kg (maximum=250mg) daily on days 2 through 5 (5 days total) —**or**— **Erythromycin** (EES) 40-50 mg/kg per day, administered for 14 days in divided doses. For persons >80 lbs it is usually given as 250 mg every 6 hours. (Doses >1gm/day are usually not well tolerated because of GI side effects.) —**or**— **Biaxin** 7.5 mg/kg (maximum=500 mg) twice daily for 7 days — **or**—**Ilosone** (not available for adults) 40 mg/kg per day, administered for 7 days in 2-3 divided doses

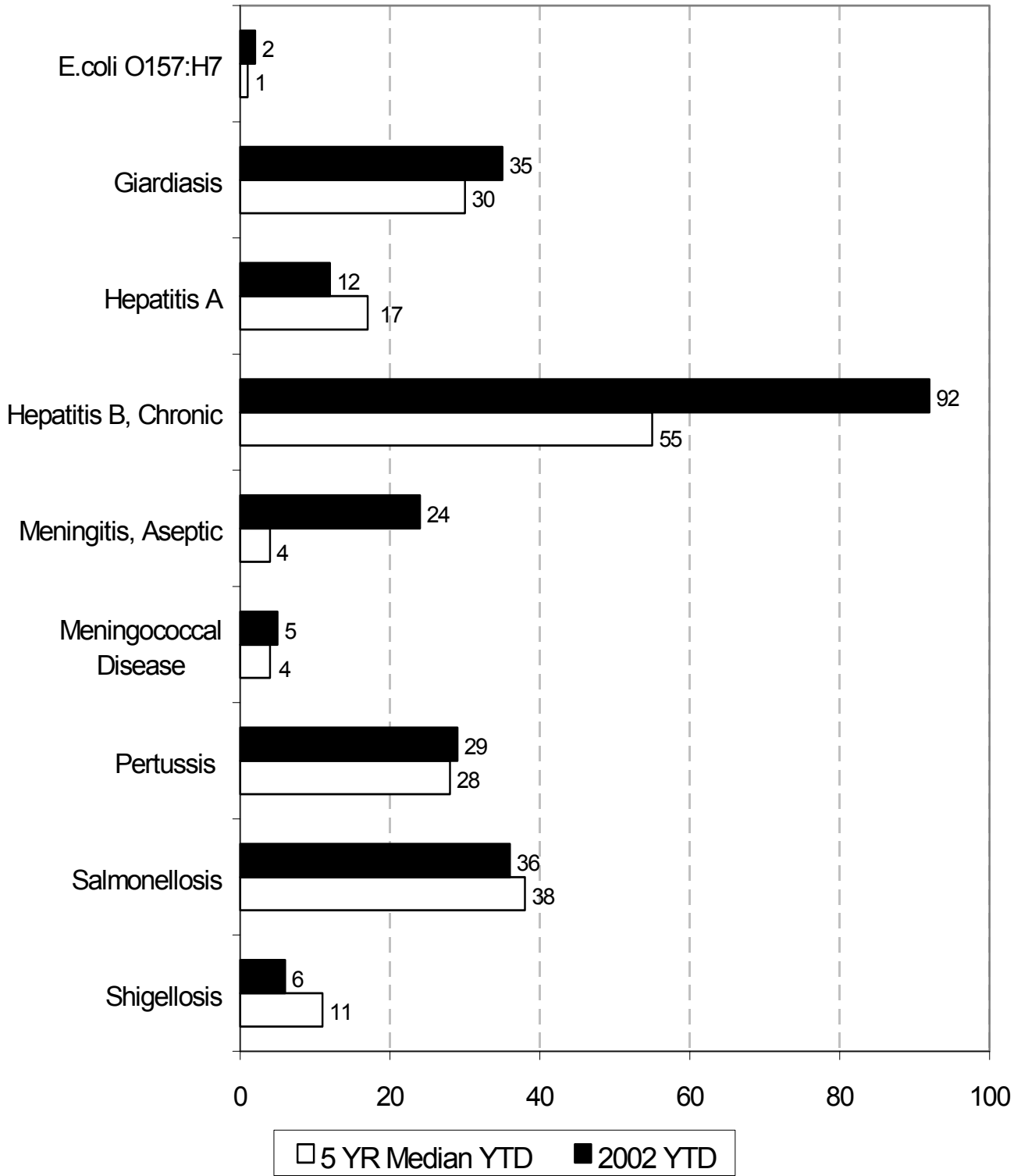
**2nd choice:** **Trimethoprim-sulfamethoxazole** 10 mg/kg every 12 hours for 14 days.

For additional information on diagnosis, lab testing, and treatment of pertussis contact the Disease Control office at Tri-county Health Department at 303-220-9200.

Reporting requirements: Pertussis is a 7-day notifiable disease and must be reported to CDPHE at 303-692-2700 (daytime hours) or 303-370-9395 (after hours and weekends) or to Tri-County Health Department at 303-220-9200.

*Comments, questions and to add/remove names from this fax newsletter- please contact Laura Dippold c/o dippold@tchd.org or 303-846-6227.*

### Tri-County Health Department Selected Diseases by Date of Report Adams, Arapahoe, and Douglas Counties 2002 Year-to-date Through April



**TRI-COUNTY HEALTH DEPARTMENT  
REPORTABLE DISEASE NOTIFICATION FORM  
FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS**

(A list of reportable conditions/diseases and the time frame in which they must be reported to Tri-County Health Department is on the reverse of this form).

**Case Information**

Case's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence:         Adams     Arapahoe     Douglas

If another county, please specify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

**Medical Information**

Disease: \_\_\_\_\_ Lab Confirmed:  Yes  No

Lab Tests Performed: \_\_\_\_\_

Lab Test Date: \_\_\_\_\_ Name of Lab Used: \_\_\_\_\_

Other Relevant Medical/Rx Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Information**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Report Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Reported: \_\_\_\_\_

**For your convenience, you may report diseases by phone Monday through Friday, 8:00 A.M. to 5:00 P.M. at (303) 220-9200 or you may complete this form and fax it 24 hours a day to (303) 220-9208.**

**For after hour and weekend emergencies:**

**Contact the Colorado Department of Public Health and Environment at (303) 370-9395**

**For Internal Use:**

Date Report Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**CONDITIONS REPORTABLE BY ALL PHYSICIANS AND HEALTH CARE PROVIDERS IN COLORADO**

The list below applies to physicians and hospitals. Laboratories have separate reporting requirements. A case must be reported to the state or local health department following diagnosis within the number of days (d) or hours (h) indicated in parentheses after each disease. **The State Health Department recommends reporting all suspected cases, whether or not supporting laboratory data are available.**

**Vaccine-Preventable Diseases**

Diphtheria <b>(24h)</b>	Poliomyelitis <b>(24h)</b>
Hepatitis B (7d)	Rubella <b>(24h)</b>
Measles <b>(24h)</b>	Rubella, congenital (7d)
Mumps (7d)	Tetanus (7d)
Pertussis Syndrome (7d)	

**Foodborne and Enteric Diseases**

Amebiasis (7d)	Hemolytic uremic syndrome if ≤ 18 yrs. (7d)
Botulism <b>(24h)</b>	Hepatitis A <b>(24h)</b>
Campylobacteriosis (7d)	Listeriosis (7d)
Cholera <b>(24h)</b>	Salmonellosis (7d)
Cryptosporidiosis (7d)	Shigellosis (7d)
Cyclospora (7d)	Trichinosis (7d)
E. coli 0157:H7 (7d)	Typhoid Fever <b>(24h)</b>
Giardiasis (7d)	
Group Outbreaks <b>(24h)</b> – all causes, including food poisoning	

**Sexually Transmitted Diseases**

AIDS and HIV infection (7d)	Lymphogranuloma venereum (7d)
Chancroid (7d)	Syphilis, early (1, 2, early latent) <b>(24h)</b>
Gonorrhea, any site (7d)	

**Zoonotic Diseases**

Animal bites by dogs, cats, bats, skinks or other wild Carnivores <b>(24h)</b>	Psittacosis (7d)
Anthrax <b>(24h)</b>	Q Fever (7d)
Brucellosis (7d)	Human Rabies (suspected) <b>(24h)</b>
Hantavirus (7d)	Relapsing Fever (7d)
Lyme Disease (7d)	Rocky Mountain Spotted Fever (7d)
Plague <b>(24h)</b>	Tularemia (7d)

**Meningitis/Encephalitis & Invasive Disease**

Encephalitis (7d)	Neisseria Meningitidis Invasive Disease <b>(24h)</b>
Aseptic Meningitis (7d)	Streptococcus Pneumoniae Meningitis (7d)
Haemophilus Influenzae Invasive Disease <b>(24h)</b>	Transmissible Spongiform Encephalopathy (7d)

**Other Important Reportable Diseases**

Hepatitis C, acute (7d)	Malaria (7d)
Hepatitis, other viral (7d)	Toxic Shock Syndrome (7d)
Kawasaki Syndrome (7d)	Tuberculosis, active disease <b>(24h)</b>
Legionnaire's Disease (7d)	Positive TB skin test in workers exposed to active disease (7d)
Leprosy (7d)	

**Environmental, Occupational, and Chronic Conditions**

Birth defects, developmental disabilities and medical risk factors for developmental delay diagnosed prenatally, at birth, or through the 3 <sup>rd</sup> birthday (120d) +	Fetal Alcohol Syndrome if < 17 years old (30d)
Burns (hospitalized or fatal) (120d) +	Firearm-related injuries (120d) +
Carbon monoxide poisoning treated by hyperbaric medicine departments (30d) +	Hemophilia A or B (30d)
Any chemical or radioactive suspected terrorist incident	Head injuries (hospitalized or fatal) (120d) +
	Spinal cord injuries (120d) +
	Sexual assault-related morbidity (60d)*

(+) Only hospital required to report these conditions.

(\*) Name and address of sexual assault victims do not need to be reported.