



Public Health

Idaho North Central District



Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Physician's ALERT...

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INCREASE IN RESPIRATORY ILLNESSES REPORTED IN PUBLIC HEALTH – IDAHO NORTH CENTRAL DISTRICT

In addition to RSV and Influenza, Public Health - Idaho North Central District (PH-INCD) has now received notification of the diagnosis of Pertussis in patients in the Health District.

Physicians are advised to have a high index of suspicion when evaluating patients with a prolonged cough illness. If symptoms seem to be lasting longer than usual, please consider testing for Pertussis. **PCR testing is the test of choice for diagnoses of acute cases of Pertussis.** Pertussis testing for symptomatic patients is available through the State Lab in Boise.

Providers and laboratories are reminded that suspected **and** confirmed cases of *Bordetella pertussis* are reportable diseases in Idaho. *Bordetella pertussis* infection is characterized by a cough lasting at least two weeks with one or more of the following features: paroxysms of cough, inspiratory “whoop”, followed by vomiting with no other apparent cause. During the catarrhal stage, early symptoms consist of a mild, cold-like illness with runny nose, sneezing, low-grade fever and occasional cough. As the illness becomes more severe, numerous rapid bursts of violent cough appear. Paroxysmal attacks occur most frequently at night. This stage can last from one to six weeks. During the convalescent stage, recovery is gradual and the cough will have fewer spasms and disappear over two to three weeks.

The infection is spread by direct contact with respiratory secretions or airborne droplets. The period from exposure to onset of symptoms is generally 7 to 10 days with a range of 4 to 21 days. Mild illness is common, especially in older children and adults. However, *B. pertussis* may cause severe illness in infants and young children.

Prophylactic treatment is recommended for household and close contacts of Pertussis cases. If a contact is symptomatic, they should also be tested according to the above recommendations.

The following table is from the Centers for Disease Control and Prevention's 2005 MMWR: Recommended Antimicrobial Agents for the Treatment and Prophylaxis of Pertussis. The MMWR containing the full report can be obtained at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>.

TABLE 4. Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group

Age group	Primary agents			Alternate agent*
	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
<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 (aged ≥6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5	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
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	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

* Trimethoprim sulfamethoxazole (TMP–SMZ) can be used as an alternative agent 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 *Bordetella pertussis*.

Hospitalized patients with known or suspected acute *B. pertussis* should be in respiratory isolation (droplet precautions) for at least the first 5 days of antimicrobial treatment. Non-hospitalized patients should refrain from contact outside the household for the first 5 days of antimicrobial treatment.

For additional questions or to report a case,
 please contact Anna Olson RN, BSN, Epidemiologist
 Public Health - Idaho North Central District, (208) 799-3100.