
"Healthy People in Healthy Communities."

HEALTH ALERT NETWORK HEALTH DISTRICT 4

RESPIRATORY ADVISORY FOR HEALTH CARE PROVIDERS

Central District Health Department Asks Providers to Test for Flu and Pertussis

December 18, 2014

Central District Health Department (CDHD) encourages vaccination, testing when indicated, and early intervention for both flu and pertussis.

Influenza

It is early in this year's flu season but nationwide, influenza A (H3N2) has been most frequently reported. During past seasons when H3N2 was the predominant strain, increased hospitalization rates and mortality were observed, especially among older people, very young children and persons with certain chronic medical conditions. The Centers for Disease Control and Prevention (CDC) recently reported evidence of circulating H3N2 strains which are antigenically different from this year's H3N2 vaccine virus. These two factors combined indicate the potential for a severe influenza season.

Influenza vaccination is still the best protection against flu. Providers should continue to encourage vaccination for all patients 6 months and older. There are several influenza vaccine options this year (see <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>).

Encourage all persons at high risk for influenza-related complications to seek care promptly if they develop influenza-like illness. Early intervention with antiviral medication, ideally within the first 48 hours after symptom onset, has shown the greatest clinical benefit. Oral oseltamivir (Tamiflu®) and inhaled zanamivir (Relenza®) are both recommended for treatment of influenza among individuals at high risk for influenza complications. Adamantanes such as amantadine and rimantidine are not recommended due to high levels of viral resistance. Additional information about antiviral medications may be found at:

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> .

Long-term care facility (LTCF) residents are a particularly high-risk population for influenza-related complications. Implementing prevention strategies and quickly responding to influenza outbreaks are especially important this flu season. Please report LTCF influenza outbreaks to CDHD at 327-8625.

More information may be found at:

<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm> .

Pertussis

CDHD continues to receive lab-confirmed reports of pertussis. A total of 121 cases have been reported this year, which is more than four times our normal yearly average. Cases are being diagnosed in both vaccinated and unvaccinated individuals. In many instances cases who have been previously vaccinated exhibit a milder cough without classic whooping cough symptoms. Sometimes this cough has been reported as sounding croup-like and may be difficult to distinguish from other common respiratory illnesses.

Providers are encouraged to test for pertussis among individuals with persistent cough illness, paroxysmal cough with classic pertussis symptoms, or cough illness with known exposure to a pertussis case. Recommended laboratory tests include polymerase chain reaction (PCR) or culture on a nasopharyngeal swab. Testing recommendations can be found at:

<http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-confirmation.html>

To stop the spread of disease, antibiotic treatment is recommended for the case. All household contacts should receive antibiotic prophylaxis. Azithromycin, clarithromycin, and erythromycin are all effective choices for both prophylaxis and treatment.

Treatment information can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>

Immunization continues to be an important part of the control of pertussis, especially for families with infants. Immunization recommendations and schedules can be found on CDC's website at: <http://www.cdc.gov/vaccines/schedules/hcp/index.html>

Parainfluenza

A cluster of illness caused by parainfluenza-2 has been confirmed among a small number of children in the region. This virus typically circulates in the fall and is one of the causes of croup. Illness caused by parainfluenza is not unusual but clinicians should be aware of its presence in the community as it may complicate accurate diagnosis of acute respiratory illness in children. Specific testing for parainfluenza is typically not conducted. More information may be found at:

<http://www.cdc.gov/parainfluenza/hcp/index.html> .

For additional information call the Office of Communicable Disease Control at 327-8625.

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