



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Volume 9, Issue 4

September 2012

DEPARTMENT OF PUBLIC HEALTH, HSE SOUTH
(CORK & KERRY)

IMMUNISATION FOCUS

INCREASE IN PERTUSSIS

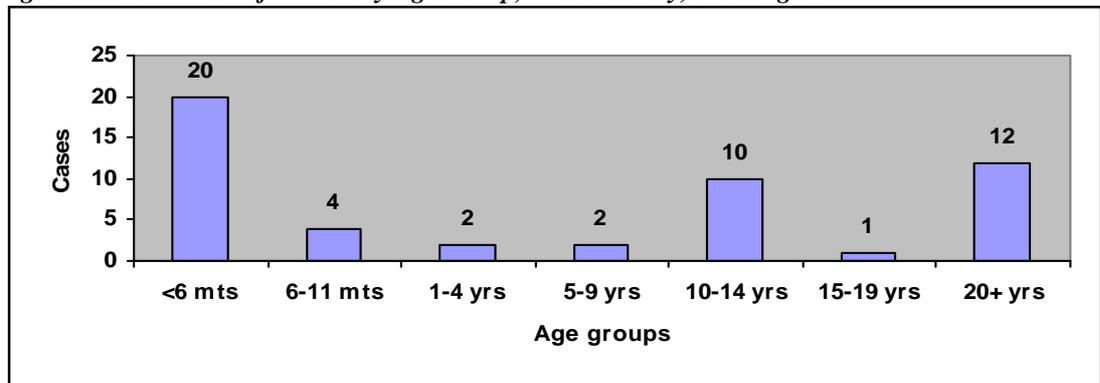
We are experiencing an increase in pertussis disease particularly in young babies who are too young to be vaccinated. Tragically, in Ireland this year two infants have died as a result of pertussis complications. The re-emergence of pertussis may be related to waning immunity in older children and adults who, when exposed to pertussis, become infected. They, in turn, can then pass it on to babies and young children, often in their own family.

Pertussis transmission occurs by droplet infection from infected to susceptible individuals. In its early catarrhal stage, pertussis is highly communicable, with a secondary attack rate of up to 90% among non-immune household contacts. In the absence of the appropriate antibiotic treatment, cases are infectious for about 3 weeks. Pertussis infection in the very young infant may present with what appears to be choking or apnoea, the cough may not initially be prominent and classical whoop may not develop. Up to 30% of adults and adolescents with a cough lasting longer than 2 weeks may have pertussis. The cough is paroxysmal in >80%, but a whoop and post-tussive vomiting are absent in 50-70%.

Cork and Kerry Cases

This year in Cork and Kerry a total of 51 cases of pertussis were notified in the first 8 months of 2012, compared to only 24 notifications for all of 2011.

Figure 1 Pertussis Notifications by Age Group, Cork & Kerry, Jan-Aug 2012



Twenty cases were aged less than 6 months (too young to have started/completed vaccination). In 12 of these 20 cases, family member/members were identified as the possible source (clinical illness compatible with pertussis). Twenty-three of the 51 cases were hospitalised and 78% (18/23) of those hospitalised were aged less than one year. Tragically there has been one infant death this year in this region.

Diagnosis

Laboratory diagnosis of pertussis is difficult. Culture lacks sensitivity as the organism is delicate and can be affected by processing delays, so swabs need to be transported rapidly to the laboratory for processing. This is often not feasible in general practice. Serology is of very limited use in children as the results are affected by previous vaccination. It is more useful in adults. However, samples have to be sent to a reference laboratory and at present there is a considerable delay in getting results. In most cases, outside of the hospital setting, the diagnosis has to be made on clinical presentation.

Treatment

Erythromycin, Clarithromycin, Azithromycin and Co-trimoxazole can be used for treatment and prophylaxis of pertussis. The updated NIAC Pertussis Chapter has a table with recommendations on appropriate medication and dosage for various ages, available at this link - http://www.immunisation.ie/en/Downloads/NIACGuidelines/PDFFile_15485_en.pdf

Prophylaxis

Prophylaxis for family contacts is only recommended if the onset of disease in the index case is within the preceding 21 days and there is a vulnerable contact present. Public Health will provide advice on the need for prophylaxis in individual cases.

What Actions can be taken now?

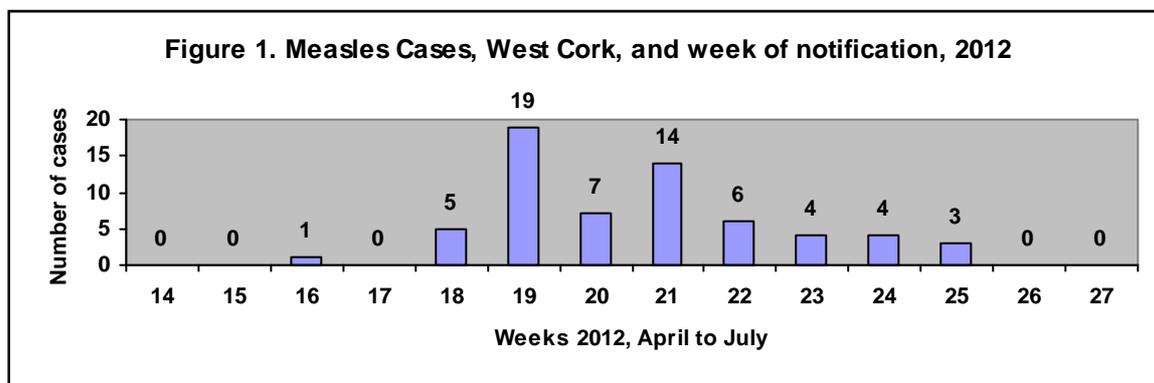
- All children should be **vaccinated on time** at 2, 4, 6 months of age with a pertussis containing vaccine ('6 in 1' vaccine), so that they can be protected as early as possible.
- All children should have a booster dose at 4-5 years of age and at 11-14 years of age.
- In view of the recent increase please remember to consider the possibility of pertussis in patients who present with suspicious cough.
- Advise antenatal mothers and mothers of young babies that they should keep the baby away from anyone with a cough. They should also be advised to contact their GP if they themselves, father or siblings develop a cough. If pertussis is confirmed or suspected, treatment and prophylaxis may be indicated.
- All cases of pertussis should be notified to the local Department of Public Health.

Please encourage parents to have all their children appropriately vaccinated. This is especially important for families who have just had or are expecting a new baby, as young infants are most at risk. Young infant are most likely to be infected by a family member.

- Updated guidance on pertussis immunisation are available from the NIO website at this link - http://www.immunisation.ie/en/Downloads/NIACGuidelines/PDFFile_15485_en.pdf

MEASLES IN WEST CORK: OUTBREAK OVER

During the outbreak, 63 cases of measles were notified from the West Cork area over a three month period. The first case had onset of measles on 9th of April and the most recent case had onset on 15th June.



Of the 63 cases, 49 (78%) were in the 10-19 year age group. Only 4 cases occurred in those aged under 5 years and all of those were siblings of older cases. In 59 cases the MMR vaccination status was known and 93% (55/59) were unvaccinated. Three cases were hospitalised.

This outbreak again highlights the risk of re-emergence of vaccine preventable diseases when there is a large unvaccinated cohort in a population. It is of concern that there are still significant numbers of unvaccinated children and young adults who remain vulnerable not only to measles but to other infectious diseases, e.g. young women who have not received MMR are at risk of having a baby with congenital rubella syndrome.

INFLUENZA SEASON

As we head into the winter, it is the time for annual flu vaccine for those in “at risk” groups and for health care workers. There are no changes to the recommended “at risk” groups for the 2012/2013 season. Additional details can be found in the August 2012 Influenza chapter of the Immunisation Guidelines for Ireland <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/>

Last season there were a number of influenza outbreaks in residential care facilities. Please remember to notify your local Public Health Department of outbreaks of influenza like illness in these facilities. Early instigation of control measures will help to control these outbreaks.