



# THE GREAT LAKES BORDER HEALTH INITIATIVE

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[www.michigan.gov/borderhealth](http://www.michigan.gov/borderhealth)

## **Case Study: Pertussis Exposure Event in Michigan, July 2010**

Great Lakes Border Health Initiative (GLBHI) partners were involved in sharing information regarding a pertussis exposure in Michigan during July 2010. A summary of the assistance provided by GLBHI staff and collaborators is provided below, along with supporting documents.

### July 7, 2010

- ◆ Michigan Department of Community Health (MDCH) Division of Immunizations receives notification that a child attendee of a class, held at a university in Michigan from June 29 through July 1, 2010, was diagnosed with pertussis and was infectious while in attendance at the class. Class attendance, and potential exposures, is reported to include over 900 people.
- ◆ Working with the university, MDCH begins work with the university to compile a list of all class attendees and determine who had classroom exposure to the case. MDCH consults with the U.S. Centers for Disease Control and Prevention to provide recommendations, which are based on whether potentially exposed children and adults were in the same class as the case or if their exposure was unknown. These recommendations are provided in the alert notification, provided below.

### July 8, 2010

- ◆ MDCH issues a Michigan Health Alert Network (MIHAN) notice regarding the potential exposures (the alert notification below is taken directly from the MIHAN alert, with identifying information removed). A template letter (provided below) and pertussis disease investigation guidelines for Michigan were also provided in the details section of the MIHAN alerting system.
- ◆ Supervisor of the MDCH Surveillance and Infectious Disease Epidemiology Section receives notice that two Ontario, Canada individuals were in attendance at the class, and may have been exposed to pertussis.
- ◆ The information on the two Ontario residents is received by the GLBHI Project Coordinator / GLBHI State Lead for Michigan, who forwards the information immediately to the GLBHI Ontario Province contact.



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## July 8, 2010 - continued

- ◆ At a GLBHI Steering Committee teleconference call, the Michigan GLBHI Project Coordinator reports on the pertussis exposure event. Infectious disease events and concerns are regularly shared during GLBHI Committee and Subcommittee meetings, as they are attended by representatives from each of the seven U.S. states (Indiana, Michigan, Minnesota, New York, Ohio, Pennsylvania and Wisconsin) and the Province of Ontario, who make up the Initiative. Also often in attendance are federal representatives from both countries. These activities assist in the primary goal of GLBHI, which is to improve early warning infectious disease surveillance at and near international borders.
- ◆ Following the GLBHI Steering Committee meeting, the Michigan GLBHI Project Coordinator prepares, faxes and e-mails the information provided to the Ontario Ministry of Health and Long-Term Care. The fax included a notice regarding the potential exposures (the alert notification below, taken directly from the MIHAN alert, with identifying information removed), a template letter (provided below, from the details section of the MIHAN alerting system), and a short spreadsheet with the names and contact information for the two individuals from Ontario who were in attendance at the class and may have been exposed to pertussis.

## July 9, 2010

- ◆ Once the information is received by the Ontario Ministry of Health and Long-Term Care, the local public health units where the Ontario residents reside are contacted. The local public health units then, in turn, contact and follow up with the residents directly to help limit possible further exposures.

Materials pertaining to the exposure event are provided below, with identifying information removed.

Summary by:

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Faxed and e-mailed alert notification sent to Ontario Ministry of Health and Long-Term Care:

## **PERTUSSIS EXPOSURE ALERT – July 8, 2010:**

The Michigan Department of Community Health (MDCH) Division of Immunizations was notified yesterday that a child attendee of a class, at a university in the state of Michigan from June 29 - July 1, 2010, was diagnosed with pertussis and was infectious while at the event with over 900 people.

Working with the university, MDCH has compiled a list of all the camp attendees, and has determined who had classroom exposure to the case. MDCH, in consultation with the U.S. Centers for Disease Control and Prevention (CDC), recommends that: All children and adults who were in the same class as the case be contacted by their local health department, notified of their exposure, offered post-exposure prophylaxis (regardless of their immunization status), and informed about the vaccines available for pertussis. The vaccine-preventable disease investigation guidelines are available at [www.michigan.gov/vaccines](http://www.michigan.gov/vaccines) under Provider Information. All other children and adults whose level of exposure is unknown should be contacted by their local health department, notified of their exposure, informed about the vaccine, and urged to seek medical attention if they develop any signs or symptoms of pertussis.

A template letter for this communication is attached.

Each of the affected local health jurisdictions will receive a fax by close of business Friday that lists contact information for the class attendees in their jurisdiction and whether they had classroom or unknown contact with the case.

Please contact the MDCH Division of Immunizations at 517-335-8159 if you have any questions.

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Faxed and e-mailed letter template sent to Ontario Ministry of Health and Long-Term Care (identifying information removed):

Dear <participant / participant parent>:

We are writing to inform you that you / your child may have been exposed to pertussis, commonly known as whooping cough, while attending ##### (class name) at ##### (a university in Michigan) between June 29 and July 1, 2010. The Michigan Department of Community Health was informed that a child attendee was diagnosed with pertussis and was capable of spreading the disease to others while at ##### (class name). Those who attended the same classes as this child will be contacted by their local health department and advised of the need for antibiotics to prevent infection. We are contacting all attendees, however, so that you are aware of the exposure, the signs and symptoms of pertussis, treatment, and vaccines available.

Pertussis is easily spread by coughing and sneezing. Symptoms usually begin 7-10 days (or up to 20 days) after exposure. The disease starts like the common cold, with runny nose or congestion, sneezing, and maybe mild cough or fever. But after 1–2 weeks, severe coughing begins. Infants and children with the disease cough violently and rapidly, over and over, until the air is gone from their lungs and they're forced to inhale with a loud "whooping" sound. The coughing can last for weeks, even months. Adults and adolescents typically have a milder form of pertussis; however, they can still easily spread the infection to others, including infants and young children. Pertussis is most severe for babies; more than half of infants less than 1 year of age who get the disease must be hospitalized.

We recommend that you contact your healthcare provider immediately if you start to develop signs of pertussis and inform them that you may have been exposed to the disease.

The best way to prevent pertussis is to get vaccinated on time, according to the recommended vaccination schedule. There are safe and effective vaccines that protect children and adults.

- Infants should receive DTaP at 2, 4, 6 and 15-18 months of age.
- A fifth dose, or booster, is recommended at 4–6 years of age.
- Pre-teens, adolescents, and adults 64 years of age and younger should get a one-time dose of Tdap.
- There is no pertussis vaccine licensed or recommended for persons 65 years of age and older. However, health care providers may choose to give Tdap to these persons. This decision depends on the provider and patient agreeing that the benefit of the vaccine exceeds the risk.

Getting vaccinated with Tdap is especially important for families with and caregivers of infants less than 12 months of age. Babies who get pertussis are often infected by parents, older siblings, or other caregivers who might not even know they have the disease.

If pertussis is circulating in the community, there is still a chance that a fully vaccinated person (of any age) can catch this very contagious disease. This is because no vaccine is 100% effective and vaccine protection can fade with time. However, when a vaccinated person gets pertussis, the infection is usually less severe.

We recommend that you talk to your healthcare provider or local health department and make sure that you and your child are protected against pertussis. Additional information can be found at:

- [www.michigan.gov/immunize](http://www.michigan.gov/immunize)
- [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Sincerely,

Local Health Department

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