



# PHYSICIANS' BULLETIN

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## PERTUSSIS AND VIRAL MENINGITIS UP SHARPLY IN COUNTY

Reported cases of pertussis and viral meningitis are up sharply in San Diego County. Physicians should be on the alert for signs and symptoms of both illnesses. Prompt reporting is vital to better understanding and control.

### PERTUSSIS

There were 90 laboratory or epidemiologically confirmed cases of pertussis reported in San Diego County during the first nine months of 1992, six times higher than the average of 15 cases for that time period. Hispanic children were overrepresented, accounting for 40 percent of all cases. Fifty-six cases (62%) required hospitalization for a total of 415 hospital days. One death has been reported. Estimated hospital costs are over \$800,000.

Classic pertussis symptoms include an irritating cough which gradually becomes paroxysmal or spasmodic, without intervening inhalation, and may be followed by a high-pitched inspiratory whoop. Fever may or may not be present. Vomiting and apnea may follow the sudden fits of coughing. Diagnosis is made by direct immunofluorescent antibody testing or specific *B. pertussis* culture using special media (e.g., Bordet-Gengou). Nasopharyngeal swabs collected early in illness yield best results.

Recommended pertussis treatment and chemoprophylaxis are a 14-day course of oral erythromycin (adults, 500 mg. q.i.d.; children, 40-50 mg/kg/day). Chemoprophylaxis should be administered to all household and close contacts with exposure less than 14 days prior, regardless of age or immunization status. Household or other close contacts less than seven years of age who have received fewer than four doses of DTP or who have not received a DTP dose in the last three years should be immunized according to schedule. Acellular pertussis vaccine (DTaP) should be used if the child is age 15 months or older and has already had three DTP doses.

(continued)



The following measures are recommended to assist in the control of this outbreak:

1. Identify and recall all children not up-to-date on immunizations.
2. Isolate patients with a significant cough or see them at the end of the day.
3. For health care staff facing repeated exposures, consider giving a booster dose of 0.25 ml single-antigen pertussis vaccine (available from Michigan Dept. of Public Health), or (if >5 years since last Td dose) 0.25 ml or 0.5 ml of DTaP (per California Department of Health Services Immunization Branch).
4. Report suspect cases by telephone (692-8661) so appropriate investigation and prevention measures can be taken.

If the outbreak accelerates, the community may have to consider starting the DTP series at 2-6 weeks of age with the subsequent two doses at four-week intervals.

### **VIRAL MENINGITIS**

From January 1 through August 12 reported cases of viral, or aseptic, meningitis were up 368 percent over the same period last year. A total of 254 cases were reported this year compared with 69 last year. The five-year median for this time period is 67 cases. Twenty-seven percent (69) of this year's cases have been in children under a year of age, and 61 percent (155) have been in children  $\leq$  10 years of age.

Symptoms are headache and/or fever, usually of rapid onset. The clinical picture may also include a rash (resembling rubella, vesicles or petechiae) and/or gastrointestinal and/or respiratory complaints. This year echovirus types 9, 24, 25, and 30; coxsackievirus group B, type 1; and adenovirus types 1, 2, 3, 5 and 7 have been isolated from patients locally with aseptic meningitis. Echovirus type 30 is the isolate that has most frequently been identified in the State Viral and Rickettsial Laboratory. In the early stages of the disease, the specific agent can be isolated from blood, throat washings, stool or spinal fluid using tissue culture techniques.

Report suspect viral meningitis clusters by calling the Epidemiology Unit, 236-3598, weekdays. Specific isolates, along with case information, should be reported on a Confidential Morbidity Report (CMR) card and sent to: County of San Diego Department of Health Services, Epidemiology Office - P511C, P.O. Box 85222, San Diego, CA 92186-5222. This information will help identify potential foci of transmission.

### **MEASLES RECOMMENDATION UPDATED**

County Public Health Services continues to recommend that the initial dose of MMR vaccine be given at 12 months of age in this county even though the rubeola outbreak is over. This recommendation is in accordance with guidelines from both the American Academy of Pediatrics Committee on Infectious Diseases (Red Book) and the Advisory Committee on Immunization Practices of the Centers for Disease Control (MMWR 1989;38:No. S-9). San Diego County is considered a high-risk area because it has a large inner-city urban population; had large measles outbreaks among preschool-age children in 1989 and 1990 (191 and 985 cases, respectively); and has had cases reported in both 1991 and 1992 (22 and 7 cases to date, respectively).