

---

# MARIN COUNTY

---

## OFFICE OF EDUCATION

---

1111 LAS GALLINAS AVENUE/P.O. BOX 4925  
SAN RAFAEL, CA 94913-4925  
marincoe@marin.k12.ca.us

MARY JANE BURKE  
MARIN COUNTY  
SUPERINTENDENT OF SCHOOLS

(415) 472-4110  
FAX (415) 491-6625

August 11, 2010

Dear Parent:

As you may know, Marin County and other counties in California are experiencing outbreaks of Pertussis, also known as Whooping Cough. As of August 5, 257 cases have been reported in Marin for calendar year 2010, far surpassing the previous high of 45 cases in 2006. Most cases are in the elementary and middle school age groups, but adults can get pertussis and transmit it to children and other adults. Infants under one year of age are at particular risk, especially those under 3-6 months.

While the number of new cases in Marin has been decreasing since a peak in late May/early June, cases are still being reported and could increase when school starts again. The Marin County Office of Education and Marin County Public Health want to highlight several measures you can take to reduce the likelihood of spreading pertussis in our schools and communities:

- Children should be brought up-to-date on pertussis and other immunizations before school starts to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120325-120375.
- Get the Tdap pertussis booster vaccination. Tdap is now recommended in California beginning at age 10 (or for 7-9 year olds who are not up-to-date), and up to any age for those who have not received it previously, and includes pregnant women in the second or third trimester. This is particularly important for those with close contact to infants under 6 months of age such as parents, grandparents, caregivers and household members. This vaccine provides protection against tetanus and diphtheria as well as pertussis. So check with your medical provider about getting the booster.
- Be aware of the symptoms of pertussis (see below). Children who are ill should not attend school. Those with characteristic cough illness should check with their medical provider.
- Basic prevention measures also include covering your cough, avoiding direct contact with respiratory and nasal secretions (see Exposure below), and good hand washing with soap and warm water (alcohol based hand sanitizers when soap and warm water are not available).

### Pertussis Facts

Pertussis is a vaccine preventable disease, although protection from the vaccine begins to wane after 3-5 years. Pertussis is diagnosed based on clinical presentation and laboratory tests.

Incubation Period (from exposure to onset of symptoms): Typically 7-10 days (range of 5-21 days).

Infectious Period: From onset of any cold-like symptoms until after 5 days of antibiotic treatment, or until 21 days after onset of paroxysmal cough if no (or partial) treatment is given. Students or staff with pertussis can return to school once the infectious period is over, although cough may continue for several weeks.

Symptoms: Classic pertussis usually lasts 6-10 weeks.

"Catarrhal Stage": The illness usually begins with cold like symptoms (runny nose, sneezing, occasional cough) lasting 1-2 weeks. Fever is absent or minimal.

"Paroxysmal Stage": Cough becomes worse, with spasms of coughing followed by a sudden deep inspiration, often resulting in a characteristic "whooping" noise. Vomiting or gagging after coughing is common. This stage can last 5 weeks. Infants less than 6 months of age may worsen more rapidly, may gag, gasp, or stop breathing and may not "whoop". Adolescents are likely to have milder illness.

"Convalescent Stage": Cough, whooping, and vomiting decrease over the next 3-7 weeks.

Exposure: Close contacts would be those who have had direct contact with respiratory, oral, or nasal secretions from a symptomatic case, e.g. a cough or sneeze in the face, sharing food/eating utensils, kissing, performing a medical examination of the nose and throat, or sharing a confined space in close proximity for a prolonged period of time (1 hour or more) with a symptomatic case.

Contacts at high risk for severe pertussis disease and adverse outcomes include: infants <6 months of age, particularly premature infants, pregnant or recently post-partum women, unimmunized infants and children, immunocompromised persons, persons with neuromuscular disease, persons who have severe underlying disease such as chronic lung disease or cystic fibrosis. Contacts considered high risk because they may transmit pertussis to a high risk person include healthcare or childcare workers.

Treatment and Prophylaxis: Several different antibiotics may be used to treat the disease, or for prevention in close contacts, with a five-day course of Azithromycin being the most common.

For more information, you may wish to check the resources below.

Resources:

Marin HHS Pertussis Website:

<http://www.co.marin.ca.us/depts/hh/main/hs/PublicHealth/Pertussis/Pertussis.cfm>

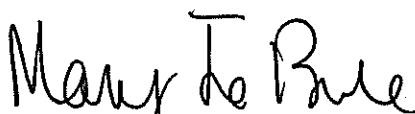
CA Department of Public Health Pertussis Website:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx>

Marin County Department of Health and Human Services Communicable Disease Prevention and Control Public Health Nurse:

(415) 473-2623; (415) 473-7805; (415) 473-4163

Sincerely,



MARY JANE BURKE

Marin County Superintendent of Schools



FRED SCHWARTZ, M.D.

Public Health Officer, County of Marin