



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

[www.mmdhd.org](http://www.mmdhd.org)

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*Medical Director*

Administrative Offices – Stanton

July 24, 2009

Health Care Providers – (Please Distribute to Emergency Departments, Urgent Care Centers, and Doctors Offices)

**\*\*URGENT\*\***

**CONFIRMED PERTUSSIS CASES IN THE MID-MICHIGAN DISTRICT AND SURROUNDING COUNTIES**

The Mid-Michigan District Health Department, has received reports of multiple laboratory-confirmed cases of Pertussis. The cases have occurred in all age groups. There have been no deaths reported, but several cases have been hospitalized.

Pertussis in children is often accompanied by the classical whoop, which occurs when air is forcibly drawn into the lungs against a partially closed epiglottis. In adults, the whoop may or may not be present. The key to a clinical diagnosis in adults is a link to a known or suspected case of Pertussis and a cough that persists for more than two weeks.

A person suspected of having Pertussis can be tested for Pertussis by collecting a naso-pharyngeal swab for polymerase chain reaction (PCR). Culture specimens can also be collected, but the turnaround time for a culture is usually longer than a PCR.

If you make a diagnosis of Pertussis in one of your patients, please report the case to the Mid-Michigan District Health Department. During regular business hours (8 a.m. to 5 p.m.) you can report suspected or confirmed cases of Pertussis to public health nurse in your county:

<b>Clinton</b>	<b>Gratiot</b>	<b>Montcalm</b>
Becky Stoddard, RN 989-227-3111	Lisa Mikesell, RN 989-875-1019	Laura Grosskopf RN 989-831-3615

You can reach the health department after hours by calling 989-276-0260 or page me after hours at 989-920-9123.

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Connecting with the Community and Exceeding Expectations.*

Health Care Providers

Page 2

July 24, 2009

Also, if you make a diagnosis of Pertussis you are asked to give prophylactic treatment to household contacts of the case.

The macrolide agents erythromycin, clarithromycin, and azithromycin are preferred for the treatment of pertussis in persons aged >1 month. For infants aged <1 month, azithromycin is preferred. For treatment of persons aged >2 months, an alternative agent to macrolides is trimethoprim-sulfamethoxazole (TMP-SMZ). If erythromycin is chosen to treat pertussis it should be given for 14 days. If azithromycin or clarithromycin are chosen they can be given for 5 or 7 days respectively. The length of treatment and post-exposure prophylaxis is the same.

Please evaluate your patients for the need for a booster dose against pertussis. Children who have not completed a recommended series of Pertussis vaccination should be brought up-to-date. Adults can also be given a Pertussis booster vaccination.

Sincerely,

Robert Graham, DO, MPH  
Medical Director