ULSTER COUNTY BOARD OF HEALTH

March 12, 2012

AGENDA

CALL TO ORDER

- **OLD BUSINESS**
  a. Approval of February 13, 2012 minutes

- **NEW BUSINESS**

  a. Director's Report:
    - Take Back the Prescription Day (Guest Speaker)
    - Board of Health Nominations
    - Environmental Health Director
    - 2011 Fourth Quarter Program Review

  b. Medical Examiner Report:
    - February Case 2012

  c. Patient Services
    - Health Advisory: Bureau of Immunization - Pertussis in NYS
    - Health Commerce:
      1. Outbreak Management System (Nursing and Environmental Division)
      2. Bureau of Communicable Disease: Pulsed-field gel Electrophoresis Clusters

MEETING CONCLUSION

Ulster County Board of Health
Date: Monday, March 12, 2012

Board Members		Signature
Authenrieth RN, Joan	Vice Chairman	Joan M. Authenrieth
Delma MD, Dominique	Secretary	Delma
Hildebrandt, Mary Ann	Member	Mary Ann Hildebrandt
Tack DO, Marc	Chairman	[signature]
Board Member	Vacant	
Board Member	Vacant	
Board Member	Vacant	

Department of Health		Signature
Hasbrouck MD, MPH, LaMar	Public Health Director	[signature]
Heller MD, Douglas	Medical Examiner	Excused
Veytia RN, MSN, Nereida	Patient Services Director	N Veytia

Guests		Signature
Qamar, Cheryl	UC Depart of MH Deputy Commissioner	[signature]
Cane, Lee	Mid-Hudson League of Women Voters	Lee Cane
DePaolo, Cheryl	Ulster Prevention Council	Cheryl DePaolo

Ulster County Board of Health
March 12, 2012

Members PRESENT: Joan Authenrieth, RN, Vice Chairman
Marc Tack DO, Chairman
Dominique Delma, MD, Secretary
Mary Ann Hildebrandt, Board Member

UCDOH PRESENT: LaMar Hasbrouck, MD, MPH, Public Health Director
Nereida Veytia, Patient Services Director
Douglas Heller, MD, Medical Examiner

GUESTS: Cheryl Qamar, UC Department of Mental Health Deputy Commissioner
Lee Cane, Mid-Hudson League of Women Voters
Cheryl DePaola, Ulster Prevention Council
Geddy Sveikauskas, Ulster Publishing

ABSENT:

EXCUSED:

I. **Approval of Minutes:** The February minutes were reviewed and pending the noted amendments, a motion was made to approve the minutes by Dr. Delma, seconded by Mary Ann Hildebrandt and unanimously approved.

II. **Agency Reports:**

a. Director's Update:
Dr. Hasbrouck reported on the following:

- **Take Back the Prescription Day:** Cheryl Depaola, Ulster Prevention Council Program Director gave an overview of prescription drug abuse statistics among Ulster County youth(see attached) and the "Take Back the Prescription Day" initiative created to assist in addressing this epidemic. Take Back events have been scheduled in both Kingston and New Paltz. Currently there is a commitment from Saugerties to host a future event and efforts are being made to reach out to the Ellenville for the same. In efforts to provide better public awareness and education, the Council would like to explore ways to partner with UC Department of Health to increase the span of community outreach. Dr. Hasbrouck agreed.
- **Board of Health Vacancies**: To date there have been no official appointments made by the County Executive to fill the Board vacancies. Dr. Tack inquired about the status of the nominations to be made by the City Mayor. Dr. Hasbrouck's office will inquire as to the status of these submissions.
- **Environmental Health Director**: A vacancy for this position has been created as a result of the recent departure of Erica Gifford. DOH has received approval from the County Executive's office to backfill this mission-critical position. Dr. Hasbrouck has been in contact with the NYS regional office regarding this transition. Denise Woodvine, Environmental Health Manager has been appointed Acting Director in the interim.
- **2011 EH Fourth Quarter Program Review**: Dr. Hasbrouck distributed the review conducted by NYSDOH Mid-Hudson Area Regional Office on

December 20, 2011. Programs were found to be in compliance with minimal areas of improvement targeted.

b. Medical Examiner:
Dr. Heller reported on the following:

- **Monthly Report:** A summary sheet of the February activity of the Medical Examiner's Office was distributed and reviewed (see attached).

c. Patient Services:
Ms. Veytia reported on the following:

- **Health Advisory:Pertussis in NYS:** This advisory provides statistical, reporting, testing, treatment and immunization information to hospitals, local health departments and medical providers on Pertussis cases being diagnosed in NYS. A copy of this advisory was distributed to the Board (see attached).
- **Health Commerce:**
    a. Outbreak Management System - NYSDOH has developed an Outbreak Management System (OMS) as part of the Health Commerce System, to more efficiently assist in the coordination of resources, communication and response time during instances of community outbreak. Both Patient Service and Environmental Health staff are being trained to use this new system.
    b. Pulse-field gel Electrophoresis Clusters (PFGE) - DOH will be participating in a PFGE project with the State. PFGE is used to study disease outbreaks and to rapidly diagnose the common source of such outbreaks.

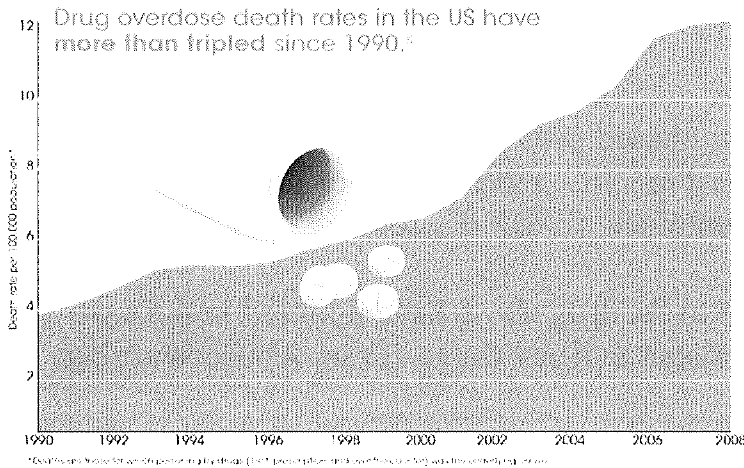
Next Meeting: The next meeting is scheduled for April 9, 2012.

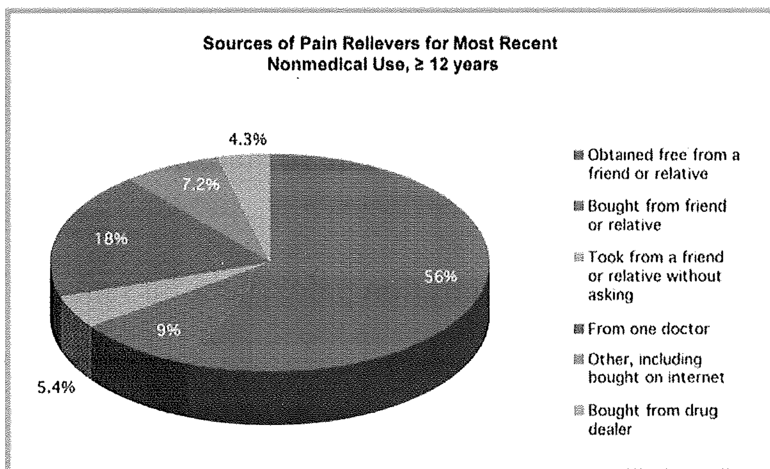
Adjournment: A motion was made to adjourn the meeting by Dr. Tack, seconded by Joan Authenrieth and unanimously approved.

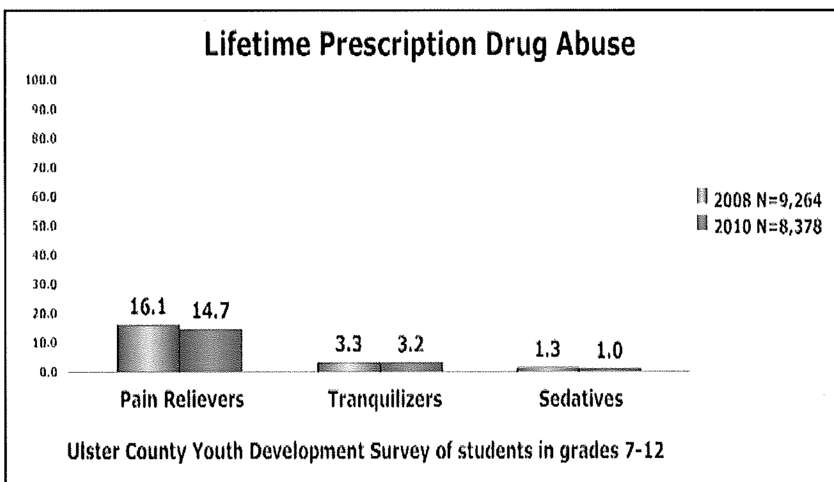
Respectfully submitted by:

Katrina Kouhout
Secretary to the Public Health Director
On behalf of UC Board of Health

PRESCRIPTION DRUG ABUSE EPIDEMIC







Recommended Strategies:

- Pharmacy Education
- Senior Education
- Parent Education
- Healthcare Provider Education
- Increased use of prescription drug monitoring (PMP) programs
- Increased screening and brief intervention (SBIRT) and increased access to treatment for Rx addiction
- Community Drug Take-back and Disposal Events

Scope of the problem:

- After marijuana, prescription medications are the second most abused substances. (NSDUH, 2008)
- In 2008, 6.2 million Americans abused prescription medications for non-medical purposes within the past month – more than cocaine, heroin, hallucinogens and inhalants combined. (NSDUH, 2008)
- Emergency room visits related to Rx drug abuse have doubled in the past five years and exceeds those related to illicit drugs. (Drug Abuse Warning Network (DAWN), 2010)
- 15,000 people die every year of overdoses involving prescription painkillers. (CDC, 2011)
- Unintentional drug poisoning is now the second leading cause of accidental death in the U.S., after car crashes (outpaces car crashes in 16 states). (National Vital Statistics System, 2007)
- 1 in 20 people age 12 ore older report using prescription painkillers for non-medical reasons in the past month. (CDC, 2011)
- In one month in 2010 enough prescription painkillers were prescribed to medicate every American adult around the clock for one month. (CDC, 2011)
- 1 in 3 teens say there is "nothing wrong" with abusing Rx medications "every one in a while". (Monitoring the Future, 2010)
- Every day, almost 2,500 teens abuse an Rx medication for the first time (National Council on Patient Information and Education)

Family Services

Providing Hope. Improving Lives. Strengthening Community.

Cheryl A. DePaolo, MA, CASAC, ICADC
Program Director

85 Grand Street
Kingston, NY 12401
www.ulsterpreventioncouncil.org

Voice: 845-458-7406
Fax: 845-458-7407
cdepaolo@familyservicesny.org

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

February 27, 2012

Erica Gifford, P.E.
Environmental Health Director
Ulster County Health Department
300 Flatbush Avenue
Kingston, NY 12401

Re: 4th Quarter 2011 Program Review

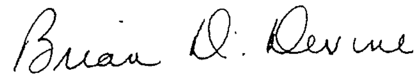
Dear Ms. Gifford:

Please find attached a summary report of a program review conducted by New York State Department of Health (NYSDOH) MARO Field Coordination staff on December 20, 2011. The purpose of this visit was to review year end summaries for 2010 and 2011 Community Environmental Health Programs and to identify changes implemented since the review of 2009 programs that was conducted in 2010. Programs reviewed include Agricultural Fairgrounds, Bathing Beaches, Children's Camps, Migrant Farmworker Housing, Mobile Home Parks, and Temporary Residences. Specific components of the review included permit issuance, completion of all inspections, Category 1 Public Health Hazard (PHH) enforcement and safety plan reviews. The WebFocus Report 0233 Program Review Tool Summary and file reviews were used to conduct the program review.

Permit issuance and inspections are routinely in compliance with NYSDOH guidance and expectations. I would like direct your attention to two areas we recommend be targeted for improvement. Written safety plan approvals, annual and biennial reviews for children's camps and bathing facilities are not routinely entered in eHIPS. Although prior reviews indicated safety plans are routinely reviewed and approved, many have not been entered in eHIPS. Secondly, with the exception of the Children's Camp program, enforcement actions are not consistently documented in accordance with Environmental Health Manual Item ADM 2 Enforcement and Sanitary Code Compliance at Regulated Facilities. Where Category 1 Public Health Hazards are identified, and enforcement is not initiated, there must be documentation to the files as to why formal enforcement was not initiated.

Please share this summary with your staff and if after reading it you would like to discuss the findings or write a response please feel free to contact me or Christine Westerman at 845-794-2045. I would like express my gratitude to you and to your staff for taking the time to help us in this review.

Sincerely,



Brian Devine,
Director Environmental Health

cc: C. Jones Rafferty, NYSDOH
Carl Obermeyer, NYSDOH

NYSDOH MARO Field Coordination Visit for Community Environmental Health & Food Protection
Ulster County Department of Health
December 20, 2011

1. Introduction
On December 20, 2011 MARO Field Coordinator Christine Westerman conducted a visit to the Ulster County Department of Health (UCDOH) to review Community Environmental Health programs.
The following Ulster County staff members participated in the meeting:
Erica Gifford, Shelly Mertens, Denise Woodvine, Laura Burt, and Mike McClary.

2. Purpose
The purpose of this visit was to review year end summaries for 2010 and 2011 Community Environmental Health Programs and to identify changes implemented since the review of 2009 programs that was conducted in 2010. Specific components of the review included permit issuance, completion of all inspections, Category 1 Public Health Hazard (PHH) enforcement and safety plan reviews.
The WebFocus Report 0233 Program Review Tool Summary and file reviews were used to conduct the program reviews.

3. Program Review and Findings
Agricultural Fairgrounds – In In both 2010 and 2011, all agricultural fairgrounds were permitted and inspected and there were no public health hazards cited.

Campgrounds – In both 2010 and 2011, all campgrounds were permitted and inspected. There were no public health hazards, complaints or enforcements.

Temporary Residences – In 2010, all active TRs were permitted and inspected. The Webfocus report shows that E's at the Inn at Stone Ridge was not inspected, but it was inspected under a prior name in October 2010. There were four resolved complaints and 2 uncorrected Public Health Hazards (Ukranian National Association). These violations were corrected on reinspection. In 2011, all active TRs were permitted. Uninspected operations were either closed since Hurricane Irene (Cold Spring Lodge), a new operator in December 2011 (Diamond Mills Hotel), or scheduled for inspection prior to December 31 (Colonial Inn and Pine Hill Arms that were inspected by the end of the year). There were six complaints; all were resolved. However three have "resolved date" entered in eHIPS, but not Resolved Status (Budget 19, Super Lodge and Comfort Inn). Two of two files with Category 1 PHHs did not have enforcement action or notes to the file (Shari Torah, Sky Lake Lodge).
Two hotels (Alpine Inn and Hudson Valley Resort) appeared on the report as having Category 1 PHHs for failure to maintain alarm and fire suppression systems and for electrical service violations. However, these are not listed as Category 1 violations in ADM 2 and should not appear on state reports as Category 1 violations.

NYSDOH Bureau of Community Environmental Health and Food Protection (BCEHFP) staff are working to correct this inconsistency.

Mobile Home Parks – In 2010, three mobile home park inspections were not entered into eHIPS. Per notes, they were inspected but not data entered. All mobile home parks were permitted in both 2010 and 2011. There was one uncorrected PHH (Forest Park#2) that was corrected on reinspection. There was one unresolved complaint in 2010 (Mackey Rd) from 7/28/10. There was no resolution in the file; staff reported it may have been purged by temporary staff who assisted in a file purging project. The complaint will be closed based on a 4/19/11 inspection showing the violation was corrected. 2011 inspections were not complete at the time of the program review. There were complaints at two mobile home parks in 2011 (Hillside and Park Trailer Court). Both were documented in files with investigations and correction, but not entered into eHIPS. Both complaints resulted in the facilities being cited for Category 1 public health hazards. There was not a note to the file regarding enforcement for Hillside; this was provided on 12/20/2011 during the program review.

Bathing Beaches (including non-primary bathing beaches at TRs and Camps) – All active beaches were permitted and inspected in 2010 and 2011. The Frost Valley YMCA beach was listed as not permitted because it was new in 2011 and not properly linked to the valid permit for the children's camp. The Ashokan Center Beach was not inspected in 2011 because it did not operate. 5 beaches do not have safety plan approvals entered in eHIPS and 4 do not have biennial reviews entered in eHIPS. There were no complaints, enforcement actions, or Category 1 Public Health Hazards cited at bathing beaches in 2010 or 2011.

Swimming Pools (including non-primary swimming pools at TRs and Camps)–
In 2010, the 5 unpermitted pools were kiddie pools, activity and spa pools at otherwise permitted facilities. These appear to be an issue with linking to permits in eHIPS. All five were inspected. The two active pools listed as not inspected in 2010 did not operate (Oakwood Cottages and Villa Baglieri). There were two resolved complaints in eHIPS for 2010.
The pools listed as unpermitted for 2011 did not operate (Hudson Valley Swim Studio, Sunset Garden Apartments kiddie pool and Super Lodge Indoor pool). The 2011 uninspected pools as of 12/20/2011 included the above non-operating pools and indoor pools yet to be inspected or entered in eHIPS. Of 5 pools with Category 1 PHH in 2011, two had notes to the file as to why enforcement action was not initiated (Dutch Village and Borsha Bungalows); three lacked enforcement or notes to the file (Continental Motel, Total Tennis, and Oakwood Cottages). 71 pools did not have an approved safety plan documented in eHIPS and 42 did not have biennial reviews documented in eHIPS. Some pools did have biennial reviews, but the complete plan approved in prior years has not been entered into eHIPS. Staff indicated all safety plan approvals will be entered into eHIPS in 2012. There were no complaints in 2011.
One supervision violation for four people in the pool with no one on deck (Hudson Valley Resort 1/19/2011) was cited as a general violation, but should have been cited as a PHH.

Children's Camps –
In 2010, all active camps were inspected and permitted. Two camps were listed as not having a pre-operational inspection: Camp Chaviva (received pre-operational inspection as Camp Segula prior to a name change) and Rip Van Winkle Council which operates for one week at a

permitted facility, which had already been inspected. In 2011, all active camps were permitted and inspected. The one showing as uninspected on the report were City of Kingston Municipal Day Camp which was made inactive on 10/24/2011 after 4 sites were separated into 4 separate camps, all of which were inspected during 2011. Five of five camps with Category 1 PHHS reviewed had either a letter to the operator or a note to the file as to why enforcement action was not initiated. There were no complaints or uncorrected PHH in 2010 or 2011. 15 camps lacked an approved safety plan in eHIPS and 63 active camps lacked an annual review in eHIPS n 2011.

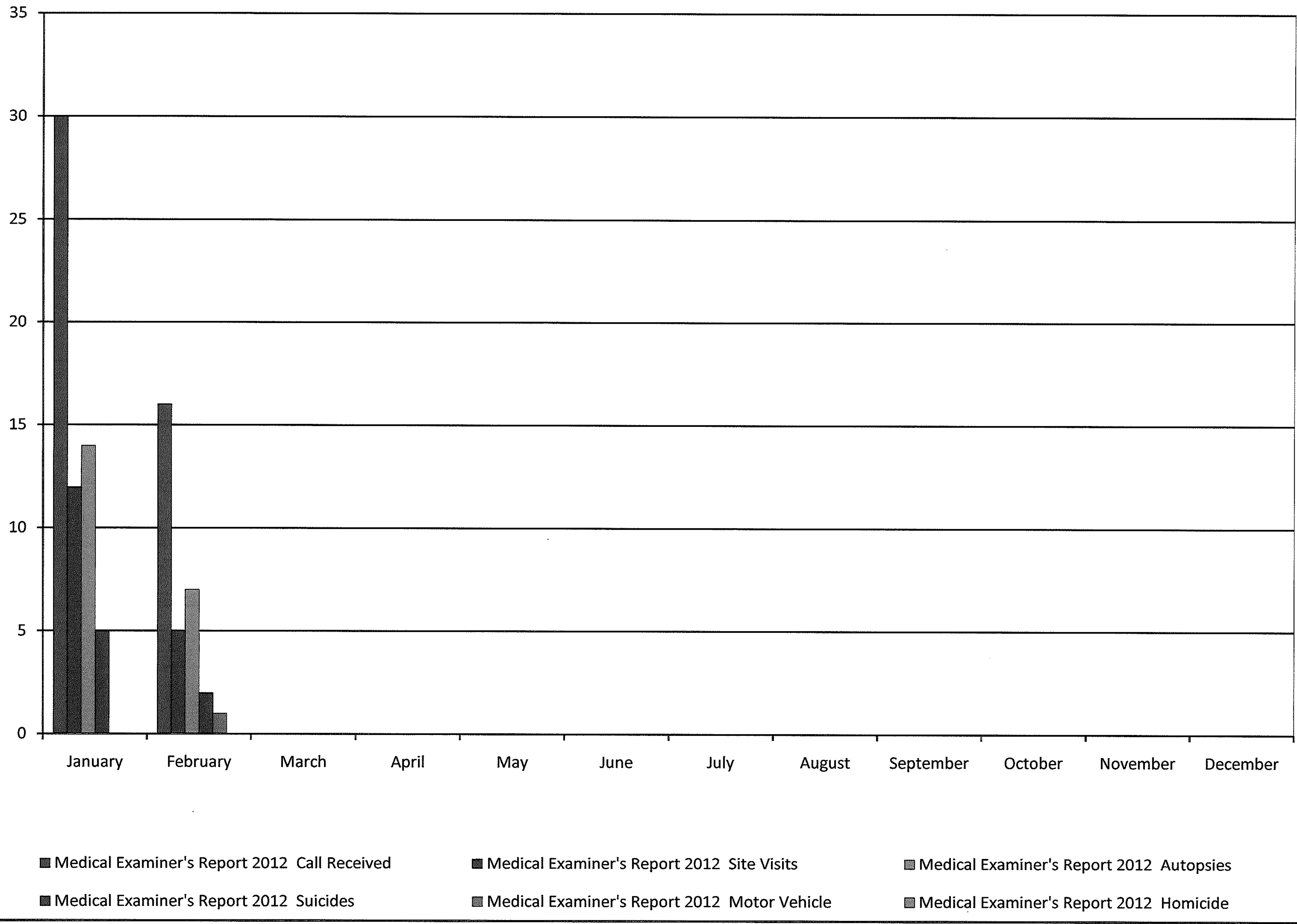
Migrant Farmworker Housing –

In 2010 and 2011 all MFW operations were permitted. In 2010 all were inspected. There is no inspection in eHIPS for 2011 for Hepworth Farms. All preoperational inspections were conducted in 2011. At the time of the review, one staff member had entered a service for "training received," but did not enter the actual preoperational inspection where the training was received. This has been corrected in eHIPS. There were no complaints or PHH at MFW in 2010 or 2011.

4. Conclusions and Recommendations

- In all programs, staff ensures that inspections are conducted and permits are issued in a timely manner.
- In all programs, staff routinely follow up on cited critical violations to ensure both immediate and long-term correction. Although improvement has been noted since prior reviews, most programs do not routinely comply with ADM2. Where Category 1 PHHs are cited, if enforcement action is not initiated, there must be documentation to the file as to why formal enforcement was not taken.
- Safety plan approvals, annual reviews for children's camps and biennial reviews for bathing facilities are required to be entered in eHIPS. Per discussion with program management staff, this will be a priority project in 2012.
- Most complaints are well documented in eHIPS and followed up on. Complaint tracking in the Mobile Home Park program needs some improvement. Training on complaint entry and follow-up was provided to staff during a subsequent visit on January 26, 2012. Additional training will be provided to clerical staff in March 2012.

The dedication of UCDOH to public health continues to be exemplary. Program staff are dedicated to ensure that all required inspections are completed, that public health hazards are documented and that they are corrected to ensure public health.



Medical Examiner Report 2012
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Medical Examiner's Report 2012 Call Received
Medical Examiner's Report 2012 Site Visits
Medical Examiner's Report 2012 Autopsies
Medical Examiner's Report 2012 Suicides
Medical Examiner's Report 2012 Motor Vehicle
Medical Examiner's Report 2012 Homicide

Medical Examiner Report 2012

	Call Received	Site Visits	Autopsies	Suicides	Motor Vehicle	Homicides
January	30	12	14	5	0	0
February	16	5	7	2	1	0
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total	46	17	21	7	1	0

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

February 2012

To: Hospitals, Local Health Departments (LHDs), Providers

From: New York State Department of Health, Bureau of Immunization

HEALTH ADVISORY: PERTUSSIS CONTINUES IN NEW YORK STATE
Please distribute to the Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, Laboratory Service, and all patient care areas.

SUMMARY

- Pertussis activity has continued in New York State (NYS). Preliminary data for 2011 shows 928 probable and confirmed cases in NYS outside of New York City compared to 781 cases reported in 2010. Reports of disease continue to be received both sporadically and in outbreaks throughout NYS, including New York City.
- Since January 1, 2012 the New York State Department of Health (NYSDOH) has been notified of 158 cases of pertussis from throughout the state. All regions are reporting increases in investigations of pertussis disease. Pertussis is cyclical in nature with recent increases in several NYS counties that have previously had lower pertussis disease incidence. The disease is primarily affecting school aged children and includes transmission to infants less than 1 year of age. Three infants died of pertussis complications in 2011.
- The NYSDOH is asking providers to consider pertussis when seeing patients with clinically compatible illness and to immediately report suspected cases to the local health department (LHD) and institute appropriate infection control measures. Health care providers are encouraged to review the best practices document available at the CDC website below and follow the CDC recommendations for testing, understanding and interpreting PCR results for diagnosing pertussis.
- In 2011, the Centers for Disease Control and Prevention (CDC) released a best practices document for health care professionals on using polymerase chain reaction (PCR) tests for diagnosing pertussis. The best practices include who and when to test; how to obtain specimens; and how to avoid contamination of clinical specimens with pertussis DNA, including best practices for preparing and administering vaccines and adhering to basic infection-control measures. Also included are recommendations for understanding and interpreting PCR results. See below for information on how to obtain this document.
- Providers should also ensure that all patients are vaccinated according to the current recommendations for tetanus, diphtheria, and acellular pertussis (DTaP or Tdap). Increasing community immunity will help to protect infants who are not fully vaccinated.

- The 2012 Adult and Pediatric Immunization Schedules were published in the February 2 and 9, 2012 issues of the Morbidity and Mortality Weekly Report (MMWR), respectively, and reflect the most current recommendations for the use of pertussis containing vaccine. See below for information on how to obtain these documents.

BACKGROUND

Pertussis is an acute infectious disease caused by the bacterium *Bordetella pertussis*. In the 20th century, pertussis was one of the most common childhood diseases and a major cause of childhood mortality in the United States. Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually. Since widespread use of the vaccine began, incidence has decreased more than 80% compared with the pre-vaccine era.

However, since the 1980s there's been an increase in the number of reported cases of pertussis, especially among 10 to 19 year olds and infants younger than 6 months of age. In 2010, 27,550 cases of pertussis were reported—and many more cases go unreported. Several factors have likely contributed to the increase in reported cases, including increased awareness and improved recognition of pertussis among clinicians, greater access to and use of laboratory diagnostics, especially PCR testing, and increased surveillance and reporting of pertussis to public health departments. Even with these improvements, CDC believes that the disease frequently goes unrecognized and unreported.

NYSDOH is asking providers to consider pertussis when seeing patients with clinically compatible illness. Suspect cases should be immediately reported to the LHD where the patient resides and appropriate infection control measures should be instituted. Reports should be made at the time of initial clinical suspicion. If the diagnosis of pertussis is being considered and diagnostic testing for pertussis is ordered, then the case should be reported at that time.

CLINICAL AND DIAGNOSTIC INFORMATION

Pertussis is a highly communicable, vaccine-preventable disease that lasts for many weeks and typically manifests in children with paroxysmal spasms of severe coughing, whooping, and posttussive vomiting.

The attack rate for pertussis is between 70% and 100% among susceptible household contacts. Transmission occurs by direct or airborne contact with respiratory droplets, or by direct contact with objects contaminated with respiratory secretions from infectious individuals. The period of communicability is from the onset of symptoms to 21 days after the onset of cough.

Major complications are most common among infants and young children and include hypoxia, apnea, pneumonia, seizures, encephalopathy, and malnutrition. Young children can die from pertussis and 17 children died in the United States in 2011, including three in NYS. Most deaths occur among unvaccinated children or children too young to be vaccinated

Testing for pertussis is most reliable when performed early in the course of the illness and prior to the initiation of antibiotic treatment. Testing must be done on nasopharyngeal specimens obtained by using *Dacron*, NOT cotton swabs. A pharyngeal or throat swab is not acceptable for pertussis testing.

Acceptable diagnostic methods for pertussis include polymerase chain reaction (PCR) and culture. PCR testing of nasopharyngeal aspirates or swabs is a rapid, sensitive method for diagnosing pertussis. It is not a perfect test, and results should be interpreted in light of patient symptoms. It is available at approved laboratories throughout NYS as well as NYSDOH's Wadsworth Center.

Culture for *Bordetella pertussis* is performed on special media culture and its fastidious growth requirements make it hard to isolate, however it is important to submit specimens for culture to confirm the disease due to the variable specificity of PCR testing and potential for falsely positive PCR results. Specimens obtained within three weeks of cough onset have a higher proportion of culture-positive results. Prior antibiotic treatment may interfere with culture growth.

Direct fluorescent antibody (DFA) and serology are not reliable testing methods. Neither is recommended for the diagnosis of pertussis.

TREATMENT AND PROPHYLAXIS

Antibiotics given during the catarrhal stage may lessen the severity of the disease and decrease communicability. Treatment after the third week of cough is of questionable benefit. Persons with pertussis are considered non-infectious after having completed 5 days of any of the appropriate antibiotics or if at least 21 days have elapsed since the onset of cough. 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; erythromycin and clarithromycin are not recommended. Trimethoprim-sulfamethoxazole is an alternative agent to macrolides for treatment of persons aged ≥2 months.

CDC recommends administration of chemoprophylaxis to all close contacts and all household members of a pertussis case-patient, regardless of age and vaccination status. Prophylaxis with antibiotics may prevent or minimize transmission. The same antibiotic regimens described above for treatment are used for prophylaxis.

REPORTING OF CONFIRMED OR SUSPECT CASES

All potential pertussis cases must be reported to the local health department in the county in which the individual resides. The local health department and the NYSDOH Bureau of Immunization can assist in investigating any potential cases of pertussis.

VACCINE

The best way to prevent pertussis among infants, children, teens, and adults is to get vaccinated. Since the introduction of pertussis vaccines, pertussis disease in the United States has been reduced by greater than 80% compared with the prevaccine era.
To provide optimum pertussis vaccine coverage, children ages 2 months to 6 years **should receive all age appropriate doses of DTaP vaccine** which includes a booster dose between the ages of 4 to 6 years, prior to school attendance. The five doses of DTaP are recommended to provide maximum protection. Tdap is also recommended for children aged 11 to 12 years, is available for children as young as 7, and is required for entry into grades 6 through 10.

In 2011, the Advisory Committee on Immunization Practices (ACIP) updated and expanded the recommendations for the use of the combination tetanus, diphtheria and pertussis vaccine or Tdap. There are currently two licensed products that can be used. **Because immunity from childhood pertussis vaccination wanes over time, this booster shot for adolescents and adults is essential.** Boosting reduces the risk of contracting pertussis and can decrease severity of disease. Most importantly, vaccinating adolescents and adults can help prevent pertussis transmission to infants too young to be vaccinated. This youngest age group is most vulnerable to severe disease and death from pertussis.

Complete information on the current vaccine recommendations is available at the websites below:

- Pertussis vaccination: Use of Acellular Pertussis Vaccines Among Infants and Young Children. Recommendations of the Advisory Committee on Immunization Practices (ACIP). http://www.cdc.gov/mmwr/PDF/rr/rr4607.pdf
- Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices (ACIP).
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w
- Updated Recommendations for the Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged < 12 Months --- Advisory Committee on Immunization Practices (ACIP), 2011.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_w
- Preventing Tetanus, Diphtheria, and Pertussis Among Adults; Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and Recommendation of ACIP, supported by the Healthcare Infection Control Practices Advisory Committee (HICPAC), for Use of Tdap Among Health Care Personnel.
http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf
- Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents; Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP).

http://www.cdc.gov/mmwr/PDF/rr/rr5503.pdf

- CDC Immunization Schedules: http://www.cdc.gov/vaccines/recs/schedules/default.htm

ADDITIONAL INFORMATION

Information on pertussis from the CDC: http://www.cdc.gov/pertussis/index.html

Best Practices for Health Care Professionals on the Use of PCR for diagnosing Pertussis:
http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-pcr-bestpractices.html

NYS Outbreak Control Guidelines for Vaccine Preventable Disease:
http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm

Current treatment information is available at:
Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis; 2005 CDC guidelines. MMWR 2005; 54 (No. RR-14).
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm

For further information, please contact your local health department or your regional New York State Department of Health Bureau of Immunization representative at the following:

Western Regional Office

Buffalo: 716 – 847 – 4501
Rochester: 585 – 423 – 8014

Capital District Regional Office

Troy: 518 – 408 – 5278

Central New York Regional Office

Syracuse: 315 – 477 – 8164

Metropolitan Area Regional Office

New Rochelle: 914 – 654 – 7149
Central Islip: 631 – 851 – 3096
Monticello: 845 – 794 – 2045