



Tom Barrett  
Mayor

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Commissioner of Health

**Health Department** Family and Community Health Services

Disease Control & Environmental Health Division • 841 N. Broadway, 1st Fl • Milwaukee, WI 53202 • 414-286-3624 [www.milwaukee.gov/health](http://www.milwaukee.gov/health)

To: Staff and Parents of Students at St Sebastian School  
Address: 1747 N 54 Street, Milwaukee, WI 53208  
Date: October 16, 2014  
Re: Monitor for Symptoms of Pertussis (Whooping Cough)

Based on a recent investigation conducted by the City of Milwaukee Health Department it is possible that you/your child may have been around someone sick with Pertussis (also known as Whooping Cough).

Because of this possible contact to someone with Pertussis, it is very important that you **monitor for signs & symptoms of Pertussis**. Pertussis begins like a cold with a mild cough, usually starting 7 to 21 days after exposure. The cough gets progressively worse. The coughing can be severe enough to cause vomiting. Coughing tends to be worse at night, and cough or cold medicines usually do not help. General symptoms can include a runny nose, stuffy nose, or cough that does not get better. If any of these symptoms occur you should call your doctor and the local health department. Take this letter with you if you/your child are seen by a care provider.

Even people that do not know if they have been around anyone with Pertussis should see a doctor if they have a cough for more than a week; or cough followed by vomiting; or burst of coughs followed by loss of breath or "whoop". Included is a Pertussis fact sheet with additional information.

Close contact for an hour or more with a person sick with Pertussis is usually needed before the bacteria can be spread. However not every exposed person will get sick. Pertussis can be treated or prevented with a few days of antibiotic medicine. **Pertussis in children & adults can also be prevented through vaccination. The childhood vaccination to prevent Pertussis is "DTaP". The adult vaccination to prevent Pertussis is "Tdap". Please discuss these vaccinations with your health care provider. I have included information sheets for both of these vaccines.**

In order to prevent further spread of this disease, it is very important that anyone with symptoms of Pertussis avoid close contact with others, and especially with young children who are much more likely to get seriously sick from Pertussis. If you have any questions about this, please call the Milwaukee Health Department at 414-286-3624 to speak with a nurse.

Sincerely,

Jill LeStarge, RN BSN MS  
Public Health Nurse  
City of Milwaukee Health Department  
841 N Broadway, 1<sup>st</sup> Floor  
Milwaukee, WI 53202  
414-286-3624

Attachments

*Think Health. Act Now!*

## VACCINE INFORMATION STATEMENT

# Tdap Vaccine (Tetanus, Diphtheria, and Pertussis)

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages.  
See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español  
y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

**TETANUS** (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during *every* pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

### 3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
  - have epilepsy or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Brief **fainting spells** can follow a vaccination, leading to injuries from falling. Sitting or lying down for about 15 minutes can help prevent these. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

### Mild problems following Tdap

*(Did not interfere with activities)*

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

### Moderate problems following Tdap

*(Interfered with activities, but did not require medical attention)*

- Pain where the shot was given (about 1 in 5 adolescents or 1 in 100 adults)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 3 in 20 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 3 in 100).

### Severe problems following Tdap

*(Unable to perform usual activities; required medical attention)*

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).

## 5 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 or visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement (Interim) Tdap Vaccine

05/09/2013

42 U.S.C. § 300aa-26



## Pertussis (Whooping Cough)

### *Disease Fact Sheet Series*

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#### **What is pertussis?**

Pertussis is a contagious bacterial disease that affects the respiratory tract.

#### **Who gets pertussis?**

Pertussis can infect persons of all ages, but is most serious in infants and young children.

#### **How is pertussis spread?**

The bacteria are spread by contact with the respiratory droplets from an infected person through coughing. Exposure usually occurs after repeated indoor face-to-face contact. Household spread is common.

#### **What are the signs and symptoms of pertussis?**

In infants and young children, the disease begins much like a cold with a runny nose, possible low grade fever and a mild but irritating cough for 1-2 weeks. The illness progresses to spells of explosive coughing that can interrupt breathing, eating and sleeping and is commonly followed by vomiting and exhaustion. Following the cough, the patients may make a loud crowing or "whooping" sound as they struggle to inhale air (hence the common name "whooping cough"). The severe coughing spells can last for several weeks to two months or longer. In older children, adolescents and adults the symptoms are usually milder and without the typical whoop.

#### **What are the complications associated with pertussis?**

In infants less than 6 months of age, the most common complication is bacterial pneumonia (17%) followed by neurologic complications such as seizures (2.1%) and encephalopathy (0.2%). Loss of weight from nutritional disturbance and dehydration is also a complication from the disease. More than half of the infants with confirmed pertussis require hospitalization.

#### **How soon do symptoms appear after exposure?**

Usually 7-20 days.

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(OVER)

**When and for how long is a person able to spread pertussis?**

Pertussis is most contagious in the early stage of the illness before the onset of the explosive coughing spell. The spread of pertussis may be up to three weeks or more after cough onset. The spread period can be reduced to 5 days after the initiation of an appropriate course of antibiotics administered in the early stages of illness.

**Is there treatment for pertussis?**

There are four antibiotics recommended for the treatment of pertussis that will shorten the period of communicability. Your doctor may choose one of these antibiotics for treatment. The appropriate antibiotics include either a 5-day course of azithromycin, a 7-day course of clarithromycin or a 14-day course of either erythromycin or trimethoprim/sulfamethoxazole (TMP/SMX). Persons with pertussis should be isolated from school, work or similar activities until they have completed at least the first 5 days of an appropriate antibiotic therapy. The remaining doses of antibiotics need to be taken as prescribed.

**How can the spread of pertussis be prevented?**

Treatment is recommended for well persons who are close contacts (especially household contacts) of the case to prevent or reduce the severity of illness. Any untreated contacts of a case that develops a persistent cough should be tested for pertussis. Confirmed or suspected cases of pertussis that do not receive appropriate antibiotics should be isolated for 3 weeks.

**How is pertussis confirmed?**

Confirmation is by Polymerase Chain Reaction (PCR) assay or by laboratory culture of a nasal swab specimen obtained during the early stage of illness. PCR is the test of choice for laboratory diagnosis of pertussis.

**How can pertussis be prevented?**

Routine immunization of infants and children with acellular Pertussis (aP) vaccine is recommended at 2, 4, 6 and 15-18 months of age with a booster dose at 4-6 years of age. It is given in a combination with Diphtheria and Tetanus vaccines called DTaP. The effectiveness of the vaccine in children who have received at least 3 doses is estimated to be 80%; and protection is even greater against severe disease. Protection will begin to diminish after about 3 years. Persons who experience pertussis after immunization usually have a milder case. DTaP vaccine is currently recommended for children 2 months through 6 years of age. A safe and effective acellular pertussis vaccine for adolescents and adults was licensed in 2005. Called Tdap, the vaccine is routinely recommended as a one time booster for children 11-12 years of age. It is also recommended as one time booster for adults.

**Does past infection with pertussis make a person immune?**

Confirmed pertussis is likely to confer immunity. However, the duration of immunity from past infection is unknown.

# DIPHTHERIA TETANUS & PERTUSSIS VACCINES

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**TETANUS (Lockjaw)** causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

**PERTUSSIS (Whooping Cough)** causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

**Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases.** Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

### 2 Who should get DTaP vaccine and when?

**Children** should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- ✓ 2 months
- ✓ 4 months
- ✓ 6 months
- ✓ 15-18 months
- ✓ 4-6 years

DTaP may be given at the same time as other vaccines.

### 3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

### 4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

Diphtheria/Tetanus/Pertussis

5/17/2007

**5****What are the risks from DTaP vaccine?**

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

**Mild Problems (Common)**

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1-7 days (up to about 1 child in 30).

**Other mild problems include:**

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1-3 days after the shot.

**Moderate Problems (Uncommon)**

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

**Severe Problems (Very Rare)**

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

**6****What if there is a moderate or severe reaction?****What should I look for?**

Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

**What should I do?**

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice*

**7****The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8****How can I learn more?**

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit the National Immunization Program's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention

Vaccine Information Statement

DTaP (5/17/07)

42 U.S.C. § 300aa-26