Are You On Guard Against Pertussis?

Rising Incidence—
A Growing Concern

The incidence of pertussis has been steadily increasing in the United States since 1976. And while adult and adolescent cases of pertussis account for the majority of this increase, infants and young children contribute significantly to the number of cases reported each year.

From 1980 to 2000, the number of pertussis cases reported to the Centers for Disease Control and Prevention (CDC) increased cyclically with peaks occurring every 3 to 4 years. In particular, the incidence of pertussis has remained the highest in infants too young to have received 3 doses of vaccine.

Mild Disease—
A Serious Threat

Recently, mild/atypical pertussis has been implicated as an important contributor to the pool of infection and to the continued spread of the disease.

Often lacking the paroxysmal “whoop,” mild/atypical disease can present as a bad chest cold or bronchitis in adolescents and adults.

Nevertheless, mild/atypical pertussis is highly contagious and rapidly spread. Infected adolescents and adults may transmit it to infants and younger children and cause severe disease, thereby exposing them to life-threatening pertussis-associated complications.

According to the CDC, from 1997 through 2000 there were 28,187 reported cases of pertussis. Among these cases, 5,630 patients were hospitalized, 1,477 had pneumonia, and 216 had seizures. In addition, 26 cases of encephalopathy were reported and 62 patients died. Fifty-six of these 62 deaths occurred in infants <6 months of age. All of these complications were directly related to pertussis, and 40% of these complications occurred in children ≤4 years old (n=11,413).1

Comprehensive Protection—
It’s Up to You

If the ultimate goal of vaccination is to eradicate pertussis in the United States, all severities of pertussis including severe and mild/atypical disease must be aggressively prevented. To achieve this, strategies that interrupt the transmission and spread of the disease should be adopted. Moreover, reevaluation of routine immunization programs, including the currently available vaccine options, is warranted.

References:

Brought to you as an educational service by Aventis Pasteur Inc. For more information, please visit the Aventis Pasteur Inc. web site at www.us.aventispasteur.com
Now approved in patients as young as 6 years...

- **Proven safe and effective at a new lower dose…**
  - **Xopenex® 0.31 mg**
    - From one of the largest, well-controlled, pediatric trials conducted with a β-agonist
    - Now available in two doses, 0.31 mg and 0.63 mg, for children ages 6-11 years

- **Devoid of the unnecessary left isomer, (S)-albuterol**

In patients aged 6 to 11 years, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.31 mg Xopenex: 0.63 mg Xopenex; and placebo, respectively): headache (7.8%; 11.9%; 8.6%), pharyngitis (5.9%; 10.4%; 5.9%), rhinitis (6.1%; 10.4%; 7.1%), asthma (5.1%; 9%; 5.1%), fever (0.1%; 3%; 0.1%), viral infection (7.8%; 9%; 5.1%), rash (NA*; 7.5%; NA*), accidental injury (13.1%; 4.5%; 3.4%), diarrhea (1.5%; 6%; NA*), pain (3%; 1.5%; 3.4%), asthenia (3%; 3%; NA*), lymphadenopathy (3%; NA*; NA*), and urticaria (3%; NA*).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.63 mg Xopenex: 1.25 mg Xopenex; and placebo, respectively): viral infection (5.9%; 12.3%; 0.9%), rhinitis (11.1%; 2.7%; 2.7%), nervousness (2.8%; 6.9%; NA*), insomnia (4.2%; 1.4%; 2.7%), flu syndrome (4.2%; 1.4%; 2.7%), increased cough (1.4%; 4.1%; 2.7%), tachycardia (2.9%; 2.7%; NA*), pain (2.9%; 1.4%; 3.9%), taste alteration (2.8%; 1.4%; NA*), dyspnea (3.4%; 2.7%; 1.3%), leg cramps (NA*; 2.7%; 1.3%), accidental injury (NA*; 2.7%; NA*), anxiety (NA*; 2.7%; NA*), and migraine (NA*; 2.7%; NA*).

*Less than 2% reported.

Xopenex is contraindicated in patients with a history of hypersensitivity to levalbuterol HCl or racemic albuterol.

See next page for brief summary of Xopenex prescribing information and safety information concerning β-agonists.

Goodtime Medical offers a variety of pediatric and general treatment tables to meet your needs and put your patients at ease. All tables are shipped fully assembled and are available in 14 different colors. Table pads can be ordered in White, Grey, or Slate Grey. Optional table heights and locks are available. Stirrups are available on most tables. Visit our web site for more products and information @ www.examtables.com.

1-888-386-8225
www.examtables.com

GOODTIME MEDICAL  5410 W. Roosevelt  Chicago, IL 60644  773-626-5000  Fax 773-626-5015

December 2002  www.aapnews.org  AAP News  295