



June 4, 2024

Thank you to our Regional Epidemiologist, Blake Johnson, for this report and attached flyer!

June is Men's Health month. It is no secret that men have an average life expectancy less than that of women. However, some of the issues men face are treatable if detected early enough. High blood pressure, diabetes, and certain cancers that shorten the lives of many men can be detected and treated. But many men do not go in for regular checkups or go to the doctor until the symptoms they may be dealing with get to the point they have no choice. I am older now than when my grandfathers on both sides of my family were when they passed away. Both passed away with treatable illnesses that went undetected and/or untreated. I have a six year old grandson that I want to see grow up, so I try to take care of myself, and I go in for routine checkups. I encourage others to do the same.

You will also see in the attached flyer that pertussis (whooping cough) is spreading in Kentucky. Also, H1N1 (the bird flu) has been detected in Kentucky. Although it is rare, humans can be affected. People who work with poultry or cattle are most at risk, however, others can help prevent the spread. The Kentucky department of Fish and Wildlife says "The public can help limit the spread of the disease by avoiding contact with birds and their droppings at home and outdoor areas such as parks and ponds. They can also practice good hygiene with such simple precautions as wearing gloves, changing shoes, and disinfecting exposed tools or materials before coming into contact with any pet or domestic bird species at home."

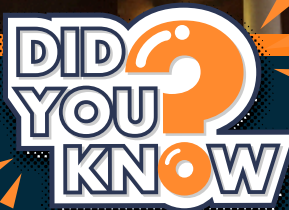
As always, feel free to contact me with any questions you may have.

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Marshall County Health Department
Office 270-252-2700
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MARSHALL COUNTY HEALTH DEPARTMENT

**JUNE 2024
UPDATE**

**MEN'S
HEALTH MONTH**



There is almost a 5 year difference in life expectancy between men and women!

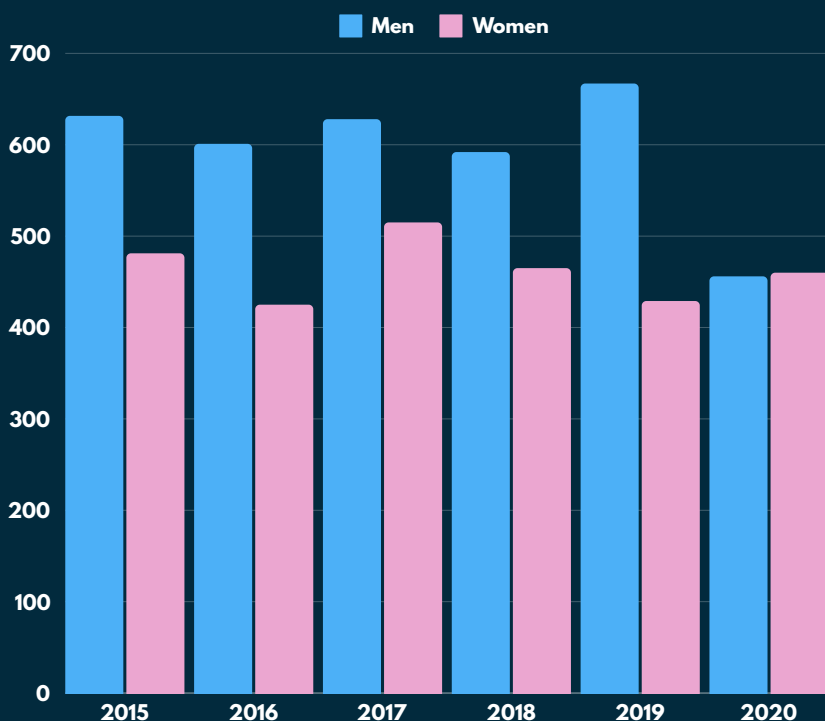
»»» Men's Health Month is celebrated every June, as a way to raise awareness on preventable health problems and early detection and treatment of disease among men and boys.

»»» Men are more reluctant to go to a doctor resulting in late detection and treatment of illnesses.

Men ages 40-65 are recommended to screen for:

- »»» Colorectal Cancer
- »»» Blood Pressure
- »»» Diabetes mellitus (Type 2)
- »»» Lung Cancer
- »»» Osteoporosis
- »»» Prostate Cancer
- »»» Testicular Exams
- »»» Immunizations
- »»» Eye Exams
- »»» Infectious Disease
- »»» Cholesterol Screenings

Invasive Cancer Age Adjusted Rates in Marshall Co, Kentucky, 2015-2020



The background image shows the entrance of the Marshall County Health Department. It features a classical portico with several white columns supporting a pediment. The words "MARSHALL COUNTY HEALTH DEPARTMENT" are inscribed on the frieze above the columns. The building is constructed of red brick.

MARSHALL COUNTY HEALTH DEPARTMENT



HEALTH UPDATES

The Kentucky Department for Public Health (KDPH) has identified an increase in pertussis cases, in the commonwealth.

Since mid-April, the Lexington-Fayette County Health Department has identified 21 confirmed cases.

An additional 20 confirmed cases have been identified in the following counties since mid-April:

Boone, Boyd, Caldwell, Clark, Clay, Estill, Floyd, Grant, Greenup, Jefferson, Jessamine, Johnson, Logan, Pulaski, Warren, Woodford

The majority of cases have occurred in school-aged children, many of whom were up to date on pertussis vaccination. Immunity from vaccination or natural infection wanes over time so infections can occur. Vaccination is known to reduce disease severity, and hospitalization among vaccinated individuals is rare.

Because of the likelihood of community spread, KDPH are alerting healthcare providers to do the following:

- Consider pertussis in children with respiratory infections and adults with persistent or violent coughs. Collect nasopharyngeal (NP) swab or nasal wash for pertussis testing via PCR or culture.
- Report suspected or confirmed pertussis cases within 1 business day to the local health department of the county in which the patient resides.
- Ensure patients are up-to-date with routine pertussis vaccinations, particularly pregnant women and infants starting at 2 months of age.

For additional information on Pertussis visit CDC's website:
<https://www.cdc.gov/pertussis/index.html>

FOR ANY QUESTIONS, PLEASE CALL THE MARSHALL COUNTY HEALTH DEPARTMENT AT 270-527-1496.

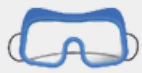
MARSHALL COUNTY HEALTH DEPARTMENT

HPAI UPDATE

H5N1 is a virus that causes what is known as the “bird flu.” Although it’s rare, people can get sick with the bird flu when they come into contact with infected birds or animals.

At risk populations:
People who work with poultry or cattle. [Click here to learn how to protect yourself when working with farm animals.](#)

What can you do to protect yourself against Bird Flu?



Wear eye protection when working with or handling sick cattle.

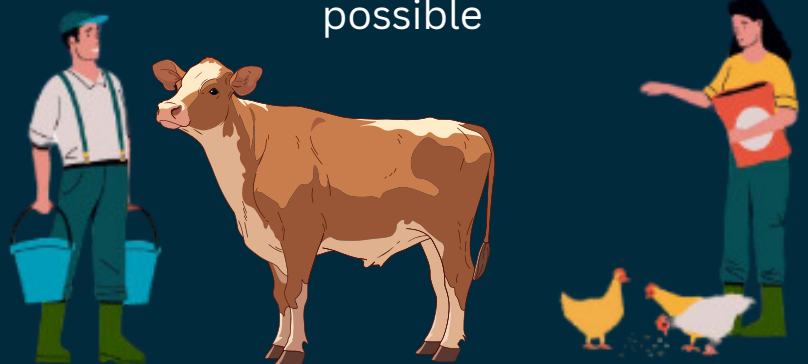


Wear gloves when working with or milking sick cattle.



Wash hands with soap and water for at least 20 seconds after caring for cattle.

Human cases of bird flu are rare, but possible



People



Poultry



Cattle

3 in 2024
1 in 2022

96,565,226 Birds

79 Dairy Herds

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KENTUCKY HEALTH ALERT

Increase in Pertussis in Kentucky Recommendations for Identification and Prevention

June 4, 2024

The Kentucky Department for Public Health (KDPH) has identified an increase in pertussis, also known as “whooping cough”, in the Commonwealth. Since mid-April, the Lexington-Fayette County Health Department has identified 21 confirmed pertussis cases; they declared a pertussis outbreak on May 20, 2024. An additional 20 confirmed cases have been identified in the following counties since mid-April: Boone, Boyd, Caldwell, Clark, Clay, Estill, Floyd, Grant, Greenup, Jefferson, Jessamine, Johnson, Logan, Pulaski, Warren, and Woodford.

The majority of identified cases have occurred in school-aged children, many of whom were up to date on pertussis vaccination. Additional cases have been identified in infants/toddlers and adults. Immunity from vaccination or natural infection wanes over time so infections can occur in people who are fully vaccinated. However, the vaccine is known to reduce disease severity, and hospitalization among vaccinated individuals is rare.

Because of the likelihood of community spread, we are alerting healthcare providers to do the following:

- **Consider pertussis in children with respiratory infections and adults with persistent or violent coughs.** Collect nasopharyngeal (NP) swab or nasal wash for [pertussis testing via PCR or culture](#).
- **Report suspected or confirmed pertussis cases** within 1 business day to the [local health department](#) of the county in which the patient resides.
- **Ensure patients are up-to-date with [routine pertussis vaccinations](#)**, particularly pregnant women and infants starting at 2 months of age.

Background

Pertussis is a highly contagious, respiratory illness caused by the bacterium *Bordetella pertussis*.

People of any age can get pertussis, however children who are too young to be fully vaccinated and those who have not received all vaccinations are at highest risk for severe illness and death. Sporadic pertussis cases occur regularly in Kentucky, however an increase beyond the expected background rate has been reported in recent weeks. Though pertussis vaccination (DTaP or Tdap) is available and widely implemented, *B. pertussis* continues to spread in the United States due to lack of vaccination or timely boosters, the lack of lifelong immunity from vaccination or natural infection, and the long duration of infectiousness in untreated cases.

Symptoms of pertussis usually begin with a runny or congested nose, a low-grade fever, and mild coughing; apnea/stopping breathing can also occur in infants. After 1-2 weeks, the cough can progress to rapid, violent (paroxysmal) coughing fits that can cause the “whooping” sound, vomiting, and labored breathing. Most teens and adults will have mild symptoms; young children are the most severely affected.

Our Mission: To improve the health and safety of people in Kentucky through **Prevention, Promotion, and Protection**

Our Vision: Healthier People, Healthier Communities.

Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty



June 4, 2024

2024-02



Testing for Pertussis:

[Pertussis testing](#) is usually performed with nasal pharyngeal (NP) swab or nasal wash via PCR testing or culture. PCR has optimal sensitivity during the first 3 weeks of cough, is widely available at commercial laboratories, and has a fast turnaround time. Culture is considered the gold standard due to excellent specificity but may take longer to complete. Serology for antibodies to *B. pertussis* is available at many commercial laboratories; however, variability and unknown clinical accuracy make serology less useful and not generally recommended for primary diagnostics. The most promising serologic assays are those that measure IgG antibodies against pertussis toxin only and are collected 2-8 weeks following cough onset.

Prevention of Pertussis:

Prevention of pertussis is primarily achieved through [routine vaccination](#) with DTaP (ages 0-6 years) and Tdap (ages 7+ years), followed by appropriate booster doses. Vaccination of pregnant people between 27-36 weeks gestation, as well as prompt initiation of the 3-dose primary vaccine series starting at 2 months of age, is most critical for preventing severe pertussis in infants.

There is little evidence demonstrating the effectiveness of contact tracing and post-exposure prophylaxis of all close contacts with antibiotics. However, CDC recommends antimicrobial prophylaxis for:

- 1) All household contacts of a known case, regardless of vaccination status, within 21 days of onset of coughing in the index case, and
- 2) Contacts of any case who are at high risk of developing severe pertussis, and those who will have close contact with others at high risk of developing severe pertussis, including infants <1 year of age, pregnant women, and caregivers or household contacts of infants

(<https://www.cdc.gov/pertussis/php/postexposure-prophylaxis/>).

Other contacts of known cases not described above should monitor for symptoms during the 21 days after exposure. If symptoms develop, they should isolate and inquire with their provider about testing.

Treatment of patients with pertussis (<https://www.cdc.gov/pertussis/hcp/clinical-care/>):

CDC recommends that healthcare providers strongly consider initiating antimicrobial treatment prior to receipt of test results if any of the following are present:

- A clinical history strongly suggestive of pertussis and patient is within 3 weeks of cough onset (or within 6 weeks of cough onset if an infant <1 year of age or a pregnant woman)
- Patient is at risk for severe or complicated disease (e.g., infants)
- Patient has routine contact with people considered at high risk of serious disease (e.g., pregnant woman in 3rd trimester or caregiver of infants)

Bordetella parapertussis

B. parapertussis is a bacterium that is similar to *B. pertussis* and can cause pertussis-like illness but does not produce pertussis toxin. Symptoms of parapertussis are typically milder and infection may be asymptomatic. There is no vaccine for *B. parapertussis* and post-exposure prophylaxis is not recommended, however treatment recommendations for symptomatic patients are the same as those for *B. pertussis*. *B. parapertussis* is not reportable in Kentucky.

Thank you for your attention to this alert and guidance. If you have questions regarding reporting, testing, or prevention of pertussis or other infectious diseases, please contact the Kentucky Immunization Branch at (502) 564-4478 or after hours by calling the KDPH Epidemiology On-call Line at 888-9-REPORT (888-973-7678).

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