

Datos sobre la Tos Ferina en Gran Canaria el último año. Estrategias para la prevención.

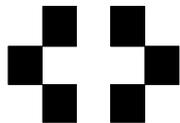


Pilar Lupiani Castellanos

Pediatra de A.P.

Barrio de la Salud





Servicio Canario de Salud
Dirección General de Salud Pública
Servicio de Epidemiología

Red Canaria de Vigilancia Epidemiológica

SC Tenerife: tel: 922 47 42 31 - fax: 922 47 42 36

Las Palmas: tel: 928 45 22 06 - fax: 928 45 22 60

INFORME SEMANAL - EDO. Semana 26 de 2012 : 25/Jun al 1/Jul/2012.

Canarias

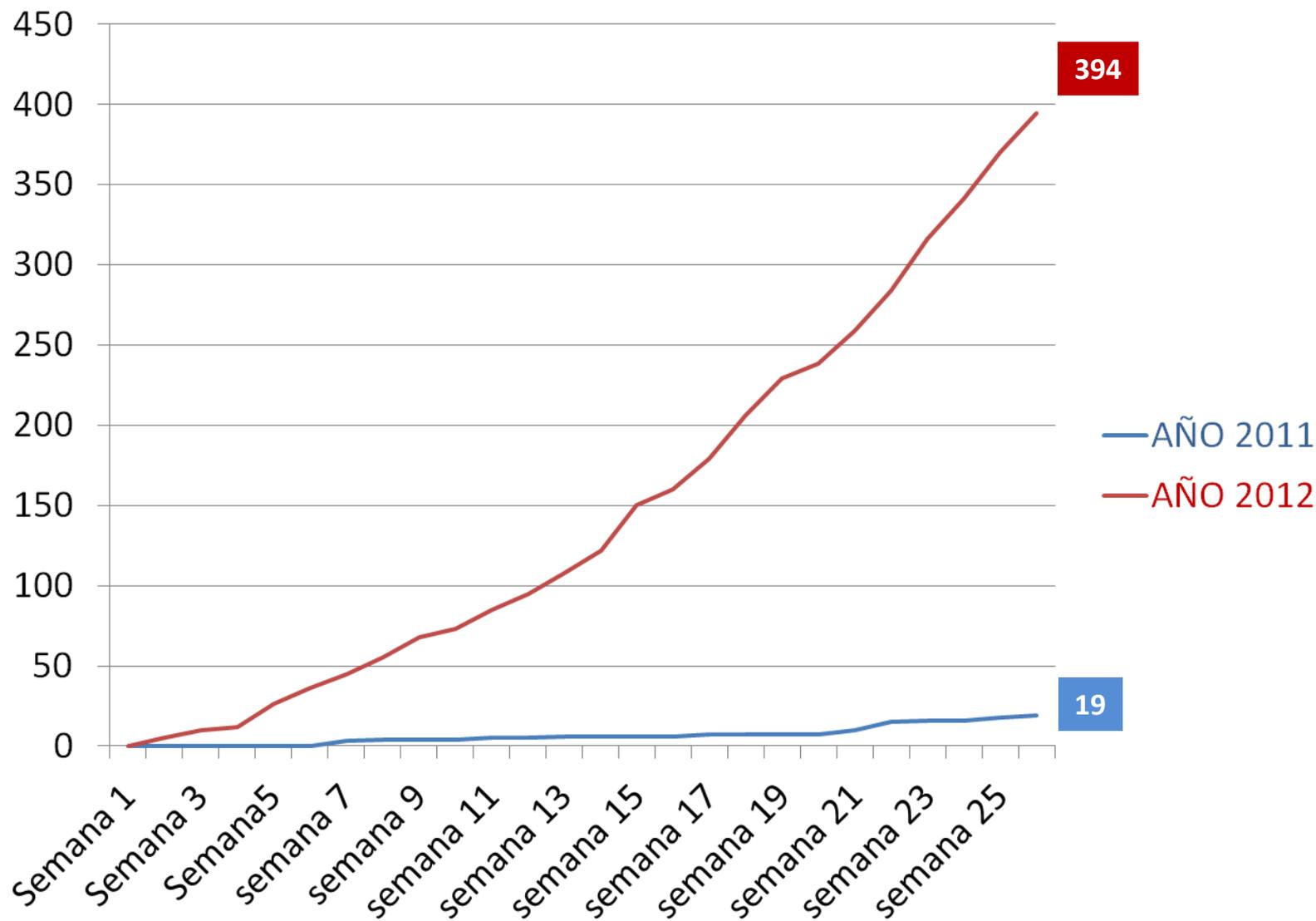
	Casos en cada Área de Salud							Semana Actual : 26			Casos s. 1-26
	HIE	PAL	GOM	TF	GCA	FVT	LZT	Casos	Ind Epi	Tasas	
Gripe	13	8	2	105	125	18	70	341	0,68	16,8	45745
I Gonocócica	-	-	-	-	-	-	-	-	-	-	65
Sífilis	-	-	-	-	-	-	1	1	0,20	0,05	96
O P Diarreicos	5	69	8	689	378	61	146	1356	0,98	66,87	50241
Varicela	1	1	3	136	70	14	24	249	1,00	12,28	8679
Sarampión	-	-	-	-	-	-	-	-	-	-	15
Rubeola	-	-	-	-	-	-	-	-	-	-	1
Parotiditis	-	-	-	-	3	-	1	4	0,57	0,20	196
Tosferina	-	-	-	6	2	-	-	8	8,00	0,39	394
TBC	-	-	-	-	-	-	-	-	-	-	57
Hepatitis A	-	-	-	-	-	-	-	-	-	-	5
Hepatitis B	-	-	-	1	-	-	-	1	1,00	0,05	24
Otras Hepatitis	-	-	-	-	-	-	-	-	-	-	6

* *Indice Epidémico* : casos / (mediana de los casos del quinquenio 1996-2000). Se considera "elevado" si es superior a 1'25.

Tasas : casos por 100.000 hab. *Casos Acumulados* : casos desde la primera semana del año a la actual.

Enf de declaración urgente: el Área de Salud de Gran Canaria notifica tres casos de **Meningitis víricas** correspondientes a 2 varones de 3 y 6 años de edad, y a una niña de 4.

Red Canaria de Vigilancia Epidemiológica (EDO). Semana 26 (25 junio/1 julio) 2012



Brief Update: Washington State Pertussis Outbreak

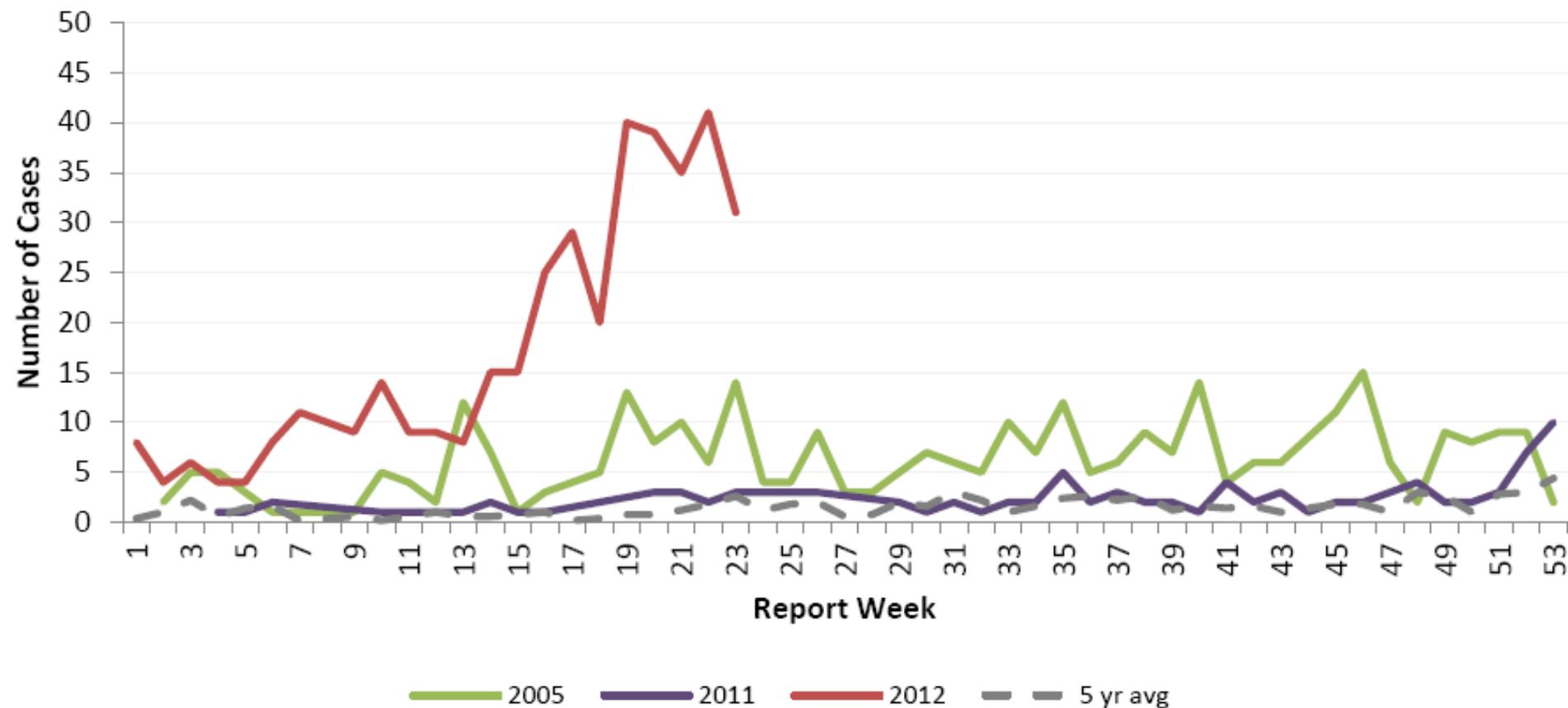
ACIP Meeting, June 2012

Jeff Duchin, MD

Public Health – Seattle & King County

University of Washington, Seattle

Weekly count of confirmed pertussis cases by report week and year, King County, WA



(Note: 2005 is included for comparison because it had the highest reported pertussis activity in King County in the past decade.)

INGRESOS HOSPITALARIOS

8,1 % casos EDO

30 (29 PCR +)

30 casos totales

- 11 de Gran Canaria: 4,21% declarados
- 18 de Tenerife : 20,9% declarados
- 1 de Fuerteventura: 6,45% declarados
- 7 ingresos en UCIP: **25,9% de los ingresos**
 - 2 Gran Canaria: 18,1% de los 11 casos
 - 5 Tenerife: 27.7% de los 18 casos

INGRESOS HOSPITALARIOS

30 (29 PCR +)

- **11 EN GRAN CANARIA:**
 - 3 meses: 10 días de tos + obstrucción nasal + dif. resp. 5 días ingreso.
 - 2 meses: 15 días con tos + mocos + dif. resp. 6 días ingreso.
 - 1 mes y 10 días: tos de 6 días evolución con empeoramiento y cianosis facial tras crisis. Ingreso 8 días. Alta actual.
 - RN (25 días): tos y + mocos + vómitos + rechazo tomas de 5 días evolución. 20 días de ingreso.
 - RN (21 días): ingreso **UMI** procedente Fuerteventura. 45 días ingreso. Alta

INGRESOS HOSPITALARIOS

30 (29 PCR +)

- **11 EN GRAN CANARIA:**

- RN (21 días): ingreso **UMI** procedente Arucas. Persiste UMI.
- 54 días ((H): **Crisis de tos y cianosis 3 días evolución. No rinorrea. Madre con tos en el puerperio.** PCR + madre y niño. Las Palmas GC.
- 2 meses (M): tos + mocos + estridor + crisis parox. + cianosis (7 días). Jinamar.
- 3 meses (M): tos + mocos con crisis cianosante 7 días evolución. SBT
- 8 meses (H): tos cianosante 4 días evolución. Jinamar
- **37 años** (M): 5 días ingreso planta. Vecindario. PCR (-). Pendiente serología

CASO SOSPECHOSO

Enfermedad catarral con tos, de 2 semanas de duración, en ausencia de otras causas aparentes y que se acompaña de al menos uno de los siguientes síntomas:

Paroxismos de tos.

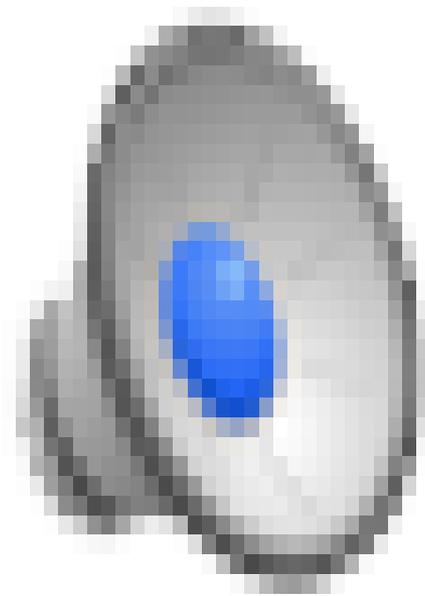
Estridor inspiratorio.

Vomito postusígeno.

En < 1 año, puede no haber estridor y los puede aparecer apneas después del paroxismo de tos.



<http://youtu.be/QBbWalyO8DY>



ALERTA

- Epidemiología zona
- **Adultos/niños afectados en casa**
- Otros contactos familiares
- Casos guardería/colegio/trabajo
- Tos > 15 días en vacunado
- Tos emetizante/accesos

Recomendaciones del CAV 2012

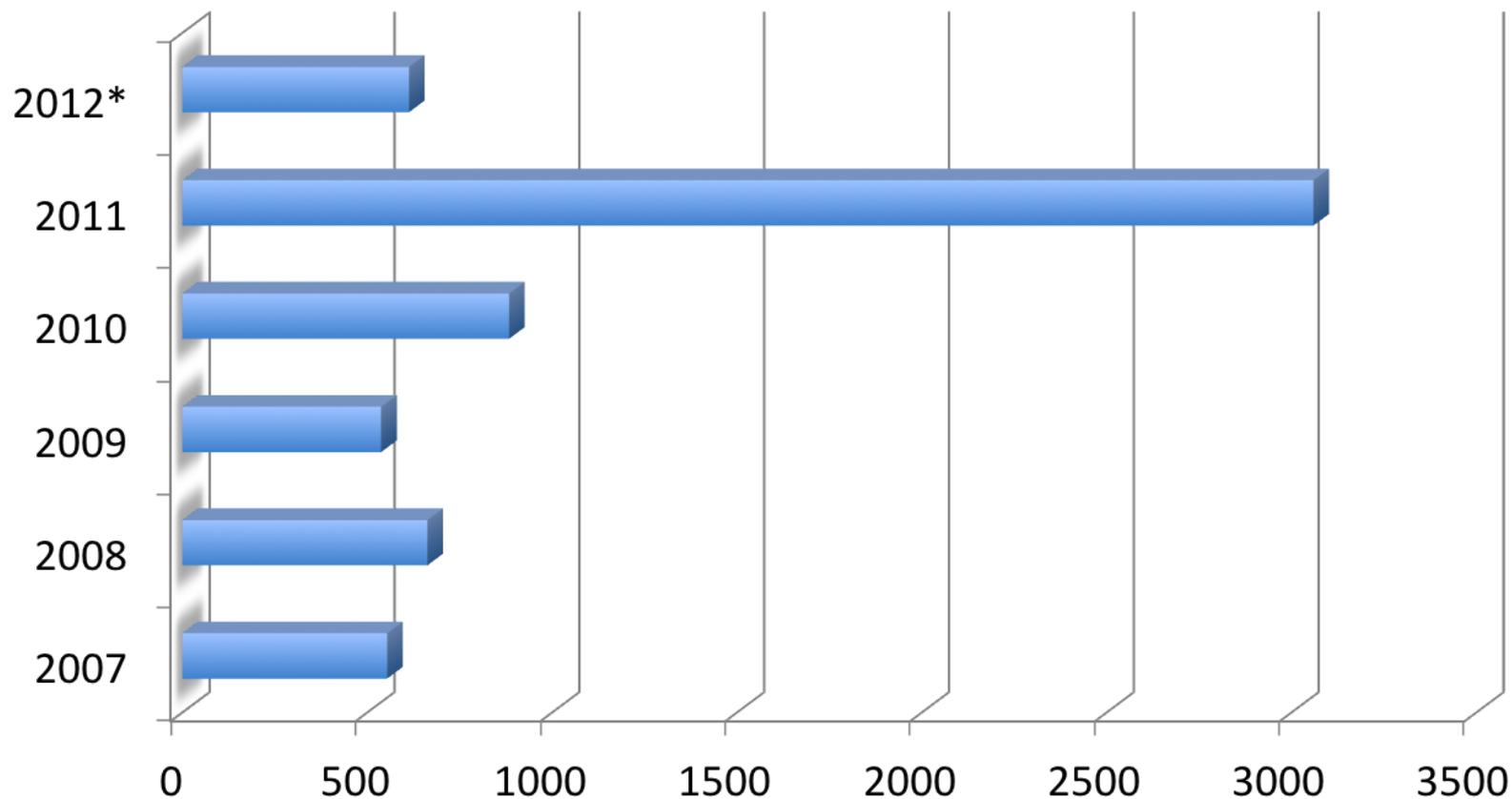
CALENDARIO DE VACUNACIONES DE LA ASOCIACIÓN ESPAÑOLA DE PEDIATRÍA 2012 Comité Asesor de Vacunas

VACUNA	Edad en meses						Edad en años		
	0	2	4	6	12-15	15-18	2-3	4-6	11-14
Hepatitis B ¹	HB	HB	HB	HB					
Difteria, tétanos y tos ferina ²		DTPa	DTPa	DTPa		DTPa		Tdpa	Tdpa
Poliomielitis ³		VPI	VPI	VPI		VPI			
<i>Haemophilus influenzae</i> tipo b ⁴		Hib	Hib	Hib		Hib			

Tdpa a los 6 años en:

- Castilla y León.
- Castilla-La Mancha.
- Extremadura.
- País Vasco.

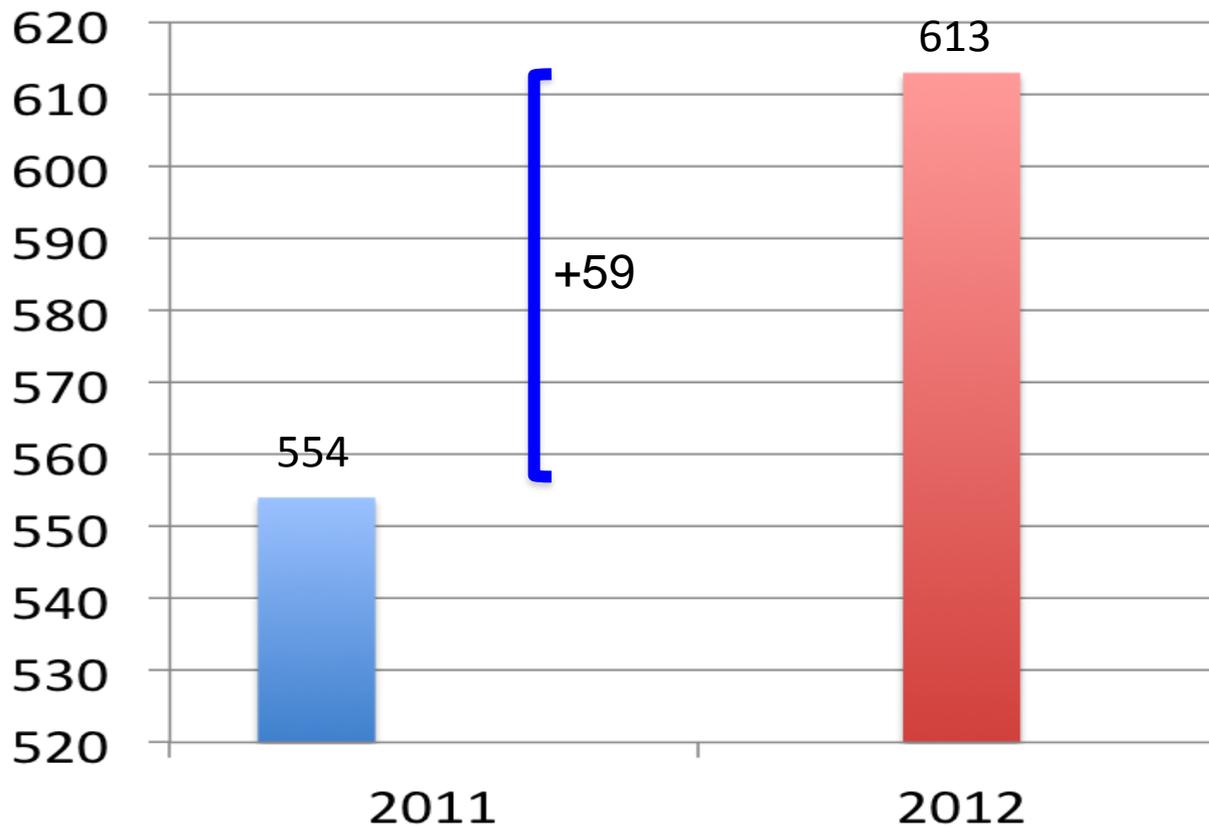
BOC 26 de julio de 2011
Orden del 7 de julio de 2011



*Ultimo 29-04-2012- 613 casos

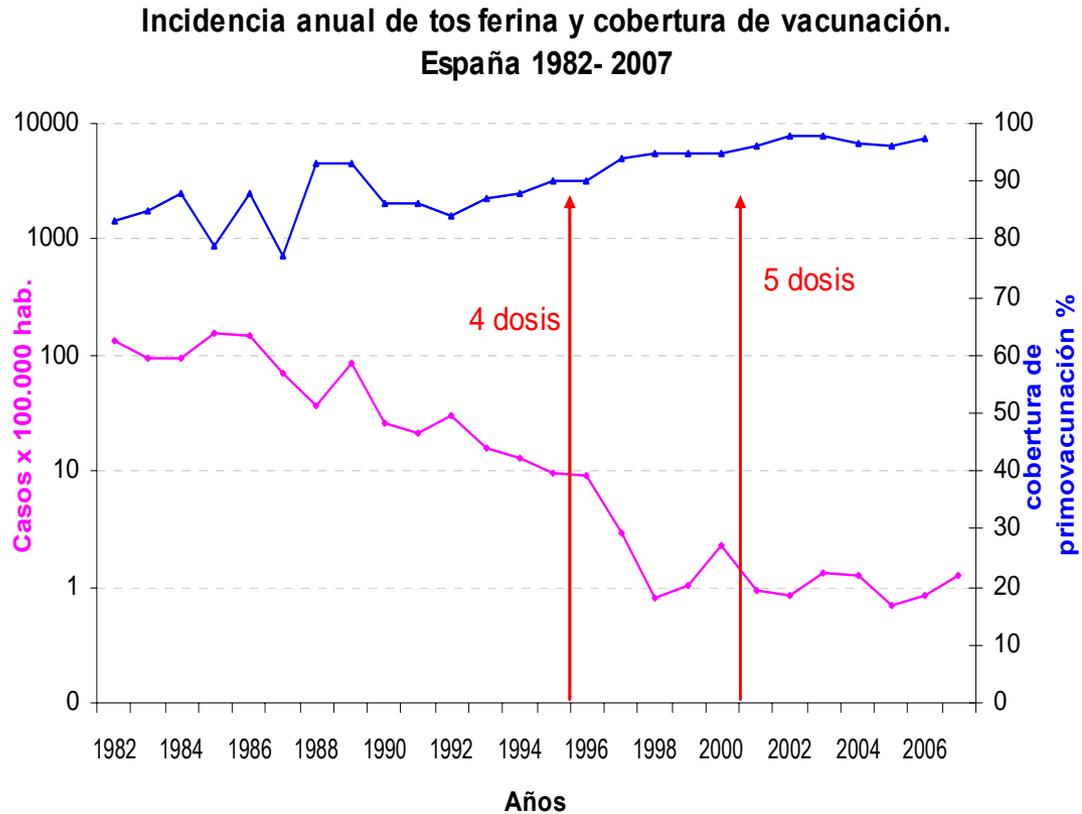
CASOS ACUMULADOS

29 de abril 2012



Situación de la Tos Ferina en España 2009

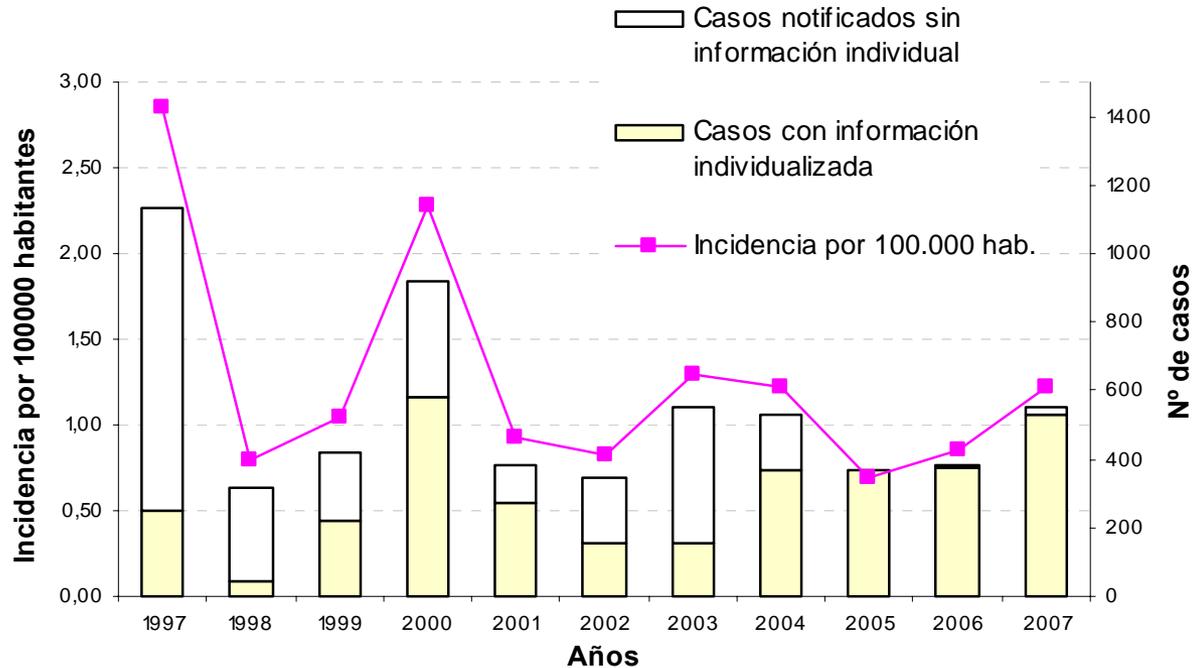
Figura 1. Incidencia anual y cobertura de vacunación frente a tos ferina en España.



Fuente: RENA VE

Situación de la Tos Ferina en España 2009

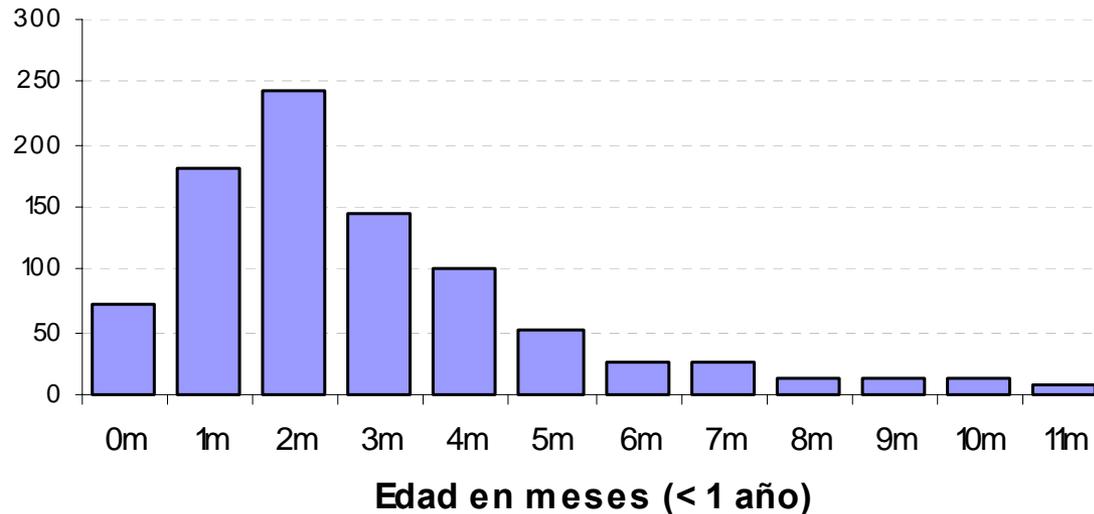
Figura 2. Casos de tos ferina e incidencia por 100.000 habitantes. España 1997- 2007.



Patrón cíclico cada 3-4 años, similar al comportamiento habitual de la enfermedad

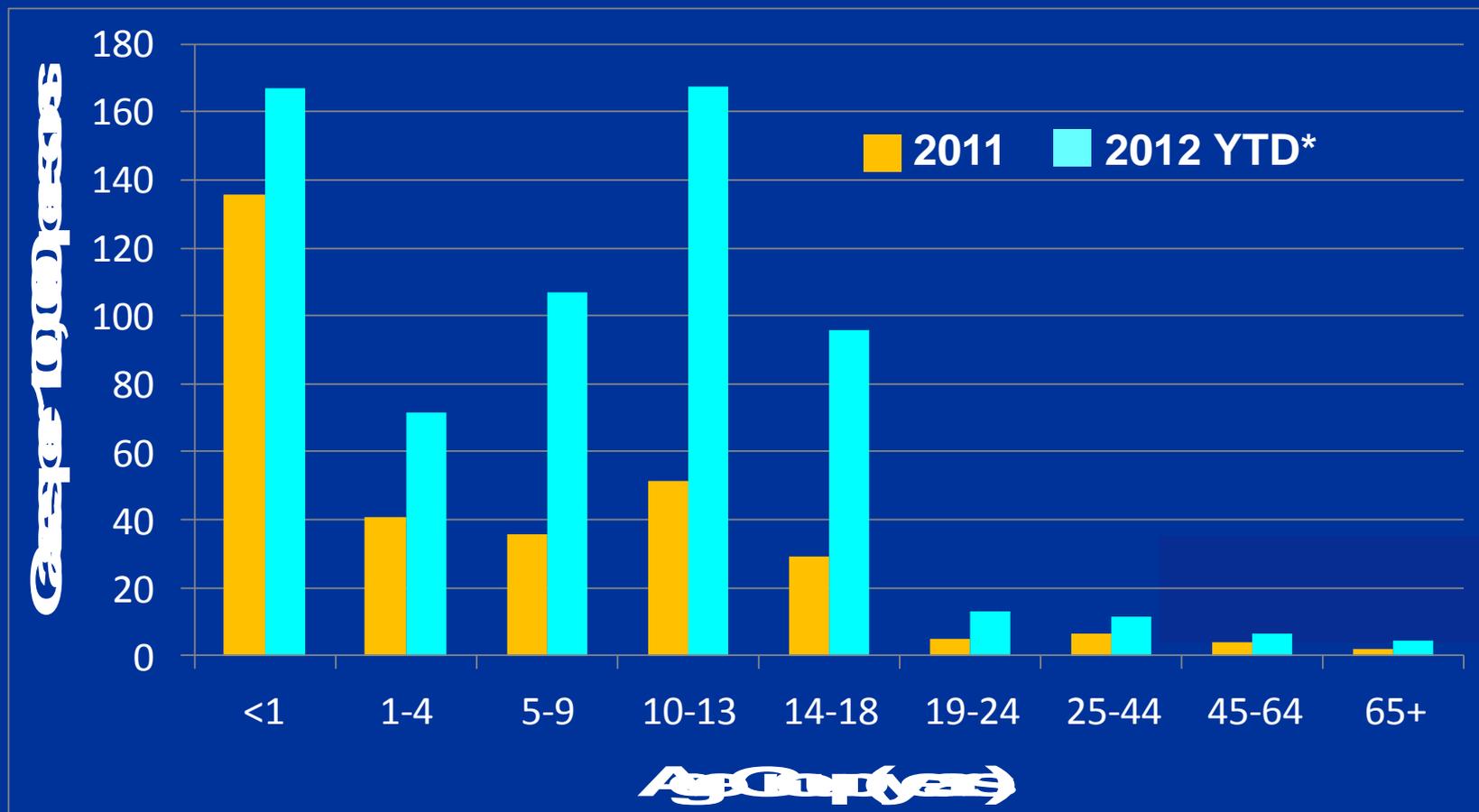
Situación de la Tos Ferina en España 2009

Figura 5.- Distribución de los casos notificados de tos ferina por meses de edad en casos menores de 1 año. España 1997-2007.



La mayoría de los ingresos por tos ferina durante los años estudiados son menores de 1 año de edad (85 %-92 %). La frecuencia de ingresos por esta causa disminuye drásticamente con la edad, con menos del 1% en los grupos de edad mayores de 14 años .

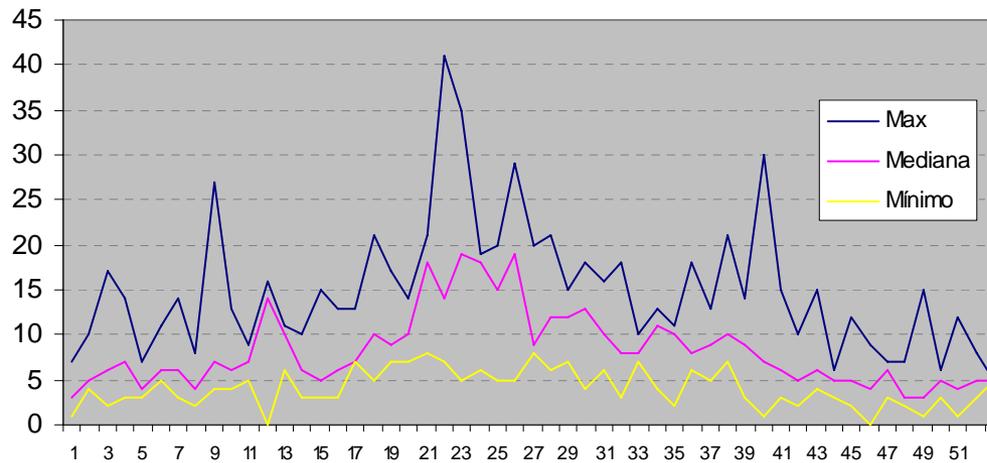
Pertussis Incidence by Age Group Washington, 2011 and 2012 YTD (9 June 2012)



* 2012 incidence based on year to date case counts and is not an annual rate

Situación de la Tos Ferina en España 2009

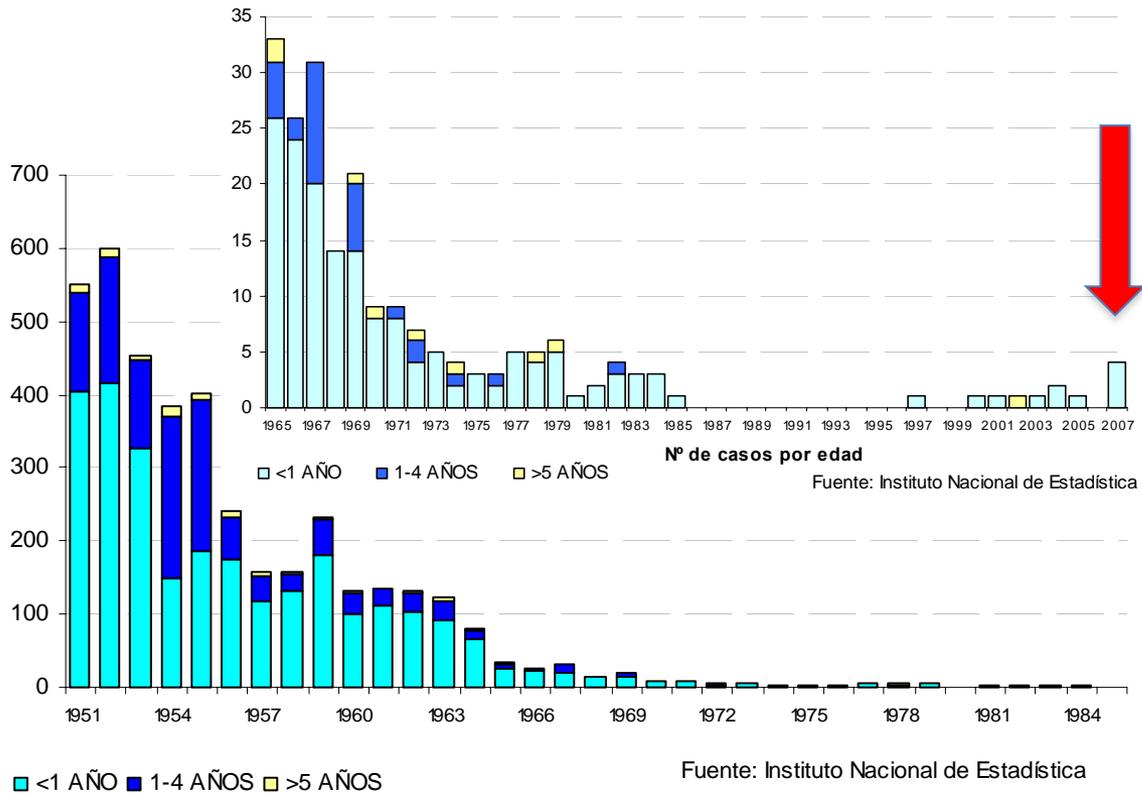
Distribución estacional de Tos ferina.
España 2003-2007
(Maximo, mediana y mínimo, número de casos semanales)



Estacionalidad

Situación de la Tos Ferina en España 2009

Figura 13. Mortalidad por tos ferina en España 1951- 1994 (detalle desde 1965 a 2007).



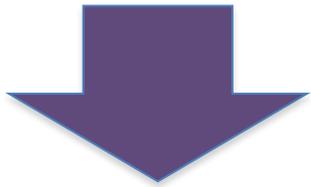
Cambios epidemiológicos:

- Duración de la protección de la vacuna 5-10 años.
- Adolescentes y Adultos, fuente de transmisión para los < 6 meses.
- Mayor morbimortalidad, complicaciones y hospitalizaciones en < 2 meses

Adolescentes y adultos infectados son el mayor reservorio para el contagio de lactantes y niños

Contagiosidad: 80% contactos domésticos

ESTRATEGIA COCOONING



ESTRATEGIA DEL NIDO



PROTECCIÓN EN EL HOGAR

<http://www.youtube.com/watch?v=Vz6jxcUCG1g>



EMBARAZO

La vacuna Tdap durante el embarazo podría prevenir más casos infantiles, hospitalizaciones y muertes en comparación con la dosis después del parto, por dos razones:

1. la vacunación **durante el embarazo beneficia a la madre y al niño**, proporcionando protección a la madre, lo que protege al bebé en el nacimiento.
2. **durante la última etapa del embarazo maximiza la transferencia de anticuerpos maternos al niño**, y es probable que proporcione una protección directa al niño por un período después del nacimiento.

Pregnancy-related Recommendations:

On June 22, 2011, the ACIP voted to recommend:

5. Women's health care providers should implement a maternal Tdap vaccination program for women who have not previously received Tdap and
6. For pregnant women, health care providers should administer Tdap preferably during the third trimester or late second trimester (after 20 weeks gestation). If not administered during pregnancy, administer Tdap immediately postpartum.

May 2008 MMWR: [Prevention of Pertussis, Tetanus, and Diphtheria Among Pregnant and Postpartum Women and their Infants](#) (ACIP Recommendations)

October 2011 MMWR: [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis \(Tdap\) Vaccine in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged Less than 12 Months — Advisory Committee on Immunization Practices \(ACIP\), 2011](#)

Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (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

Guidance for Use

Maternal vaccination. ACIP recommends that women's health-care personnel implement a Tdap vaccination program for pregnant women who previously have not received Tdap. Health-care personnel should administer Tdap during pregnancy, preferably during the third or late second trimester (after 20 weeks' gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum.

Use of the Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine in Pregnant Women

Women's health care providers should implement a Tdap vaccination program for pregnant women who previously have not received Tdap. Health care providers should administer Tdap during pregnancy, preferably during the third trimester or late second trimester (ie, after 20 weeks of gestation). Alternatively, if not administered during pregnancy, Tdap should be administered immediately postpartum to ensure pertussis immunity and reduce the risk of transmission to the newborn (8). Regardless of the trimester, health care providers are encouraged to report Tdap administration to the appropriate manufacturer's pregnancy registry.

Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (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

Cocooning. ACIP recommends that adolescents and adults (e.g., parents, siblings, grandparents, child-care providers, and health-care personnel) who have or anticipate having close contact with an infant aged <12 months should receive a single dose of Tdap to protect against pertussis if they have not previously received Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant.



Contactos en casa: 75% - 83%

Transmisión padres/ hermanos: 55%

ACIP now recommends use of Tdap in adults age 65 years and older and undervaccinated children ages 7 to 10 years and ACIP now recommends giving Tdap regardless of interval since last tetanus or diphtheria containing vaccine. By being vaccinated, close contacts of infants create a protective “cocoon” for newborns and infants who either cannot yet be vaccinated or have not completed their initial vaccine series. Studies have indicated that 75%-83% of infant pertussis cases with a known source exposure were caused by an infected household member. Parents and siblings are the most common source, with 55% of cases in infants linked to an infected parent.

ACIP and the American College of Obstetricians and Gynecologists recommend that unvaccinated pregnant women receive a Tdap vaccination during the third trimester or late second trimester (i.e., after 20 weeks of gestation). Offer Tdap vaccine to postpartum/breastfeeding women who were not vaccinated during pregnancy before discharge from the hospital or birthing center, and, if possible, to their families as well. Educate the families you care for about why it's important to be up-to-date with Tdap vaccinations and where Tdap can be obtained.

Protect your patients – be vaccinated with Tdap yourself!

Previous outbreaks in newborn populations have been linked to exposure from infected healthcare workers. As healthcare professionals, we have a duty to promote patient safety and public health. Do not risk the health of your most vulnerable patients – get your Tdap vaccine, too.





MMWRTM

Morbidity and Mortality Weekly Report

Recommendations and Reports

March 24, 2006 / Vol. 55 / No. RR-3

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)**

Vaccination of Adolescents and Adults in Contact With Infants

The ACIP recommends that adolescents and adults, (eg, siblings, parents, grandparents, child care providers, and health care providers, including individuals aged 65 years and older) who have or who anticipate having contact with an infant younger than 12 months of age and who have not received Tdap previously, should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission (8). Ideally, these adolescents and adults should receive Tdap at least 2 weeks before they have contact with the infant.



Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine in Adults Aged 65 Years and Older — Advisory Committee on Immunization Practices (ACIP), 2012

Tdap products in adults aged 65 years and older. Providers should not miss an opportunity to vaccinate persons aged 65 years and older with Tdap. Therefore, providers may administer the Tdap vaccine they have available. When feasible, Boostrix should be used for adults aged 65 years and older; however, ACIP concluded that either vaccine administered to a person 65 years or older is immunogenic and would provide protection. A dose of either vaccine may be considered valid.

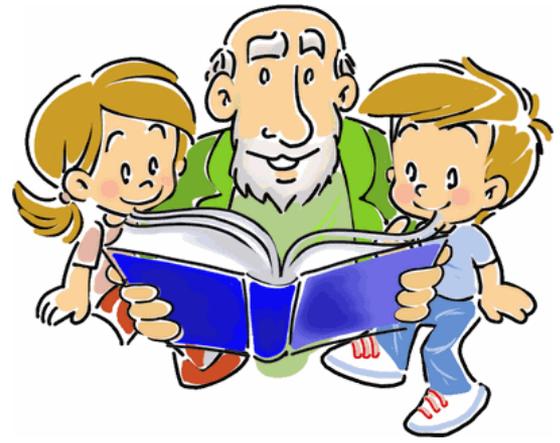
Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine in Adults Aged 65 Years and Older — Advisory Committee on Immunization Practices (ACIP), 2012

Guidance for Use

Tdap use in adults. ACIP recommends that all adults aged 19 years and older who have not yet received a dose of Tdap should receive a single dose. Tdap should be administered regardless of interval since last tetanus or diphtheria toxoid-containing vaccine. After receipt of Tdap, persons should continue to receive Td for routine booster immunization against tetanus and diphtheria, according to previously published guidelines (1,2). Currently, Tdap is recommended only for a single dose across all age groups. ACIP will begin discussions on the need for additional doses of Tdap and timing of revaccination of persons who have received Tdap previously.

Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine in Adults Aged 65 Years and Older — Advisory Committee on Immunization Practices (ACIP), 2012

Tetanus prophylaxis in wound management for adults. As part of standard wound management care to prevent tetanus, a tetanus toxoid–containing vaccine might be recommended for wound management in adults aged 19 years and older if 5 years or more have elapsed since last receiving Td. If a tetanus booster is indicated, Tdap is preferred over Td for wound management in adults aged 19 years and older who have not received Tdap previously.



¿Vale la Tdpa para primovacunación de tétanos en pacientes > de 7 años o adultos no vacunados?



NO



Td



Proteínas purificadas de bacterias productoras de DTP

No puede causar enfermedad

Muy frecuentes

- Dolor + enrojecimiento + inflamación local
- Dolor de cabeza
- Malestar general
- Cansancio

Frecuentes tardías (≥ 48 h)

- Dolor de cabeza
- Fatiga, mareos
- Fiebre
- Malestar general
- Vómitos



Proteínas purificadas de bacterias productoras de DTP
(menos inmunógena y menos reactógena)

Poco frecuentes

- Fiebre > 39
- Hipersudoración
- Hipertonía
- Dolores articulares

- Dolor muscular
- Prurito
- Linfadenopatía



TRIAxis®
suspensión inyectable

Vacuna de difteria, tétanos, tos ferina
(componente acelular) (adsorbida,
contenido de antígenos reducido)

664727.1



Suspensión inyectable en
vial - 0,5 ml - Envase de 1

1 dosis (0,5 ml):
Toxoide difterico¹ no menor
Toxoide tetánico¹ no menor
Antígenos de Bordetella pertussis¹
Toxoide pertúsico¹
Hemaglutinina filamentosá
Pertactina¹

1 dosis (0,5 ml)
Suspensión inyectable
1 jeringa precargada + 2 agujas
Vía intramuscular

boostrix®

óxido de aluminio,
óxido de aluminio (AlPO₄)
Cloruro de sodio
Agua para preparaciones inyectables
0,3 miligramos Al
0,2 miligramos P₂O₅

731349.6



Suspensión inyectable en jeringa precargada
Vacuna antidiférica, antitetánica y antitos ferina
(componente acelular) (adsorbida, carga antigénica
reducida)

NO EN
FARMACIAS

