

Public Health Advisory

October 4, 2018

Pertussis Activity Increase

Important information for health care professionals

Current Situation

Between September 19 and October 3, 2018 four confirmed pertussis cases have been reported to Southwestern Public Health, St. Thomas. The cases range in age from 6 weeks to 2 years. All cases are unimmunized and reside in East Elgin. Southwestern Public Health has advised contacts of cases to speak with their health care provider should signs and symptoms of pertussis develop. No high-risk contacts (babies <1 year and pregnant women in the 3rd trimester) have been identified.

Pertussis affects both children and adults and symptoms can develop seven to 21 days after contact with an infected individual. In most cases, the illness begins with cold-like symptoms including a runny nose, sneezing and mild fever; this is followed by a paroxysmal cough and inspiratory whoop.

Laboratory Testing and Reporting

- If you suspect a patient has pertussis, please collect a nasopharyngeal swab using the *Bordetella pertussis* BP Collection Kit (colourless transport medium) which can be obtained from the London Public Health Lab.
- Please ensure the medium has not expired prior to specimen collection.
- To order specimen collection kits, visit:
www.publichealthontario.ca/en/eRepository/Specimen_containers_and_supplies_requisition.pdf
- Report all suspect and confirmed cases of pertussis to Southwestern Public Health by calling 519-421-9901 ext. 3500 or by faxing 519-539-6206

Infection Control Considerations

- If pertussis is suspected, schedule the patient at the end of the day to minimize exposure of others. Re-schedule the visit if it is an elective visit.
- Minimize exposure of other patients by placing the patient out of the waiting room, if possible. Provide alcohol-based hand rub. Provide a mask or tissues, if coughing, or provide a basin, if vomiting.
- Use droplet-contact precautions when providing direct care.
- Provide education to the patient about preventing the spread of infection (see management of cases).

Management of Cases

Treatment of cases should be initiated as soon as possible after the onset of illness. Treatment can also be offered to symptomatic individuals who have delayed seeking medical care. Cases are no longer considered infectious after five days of treatment or 21 days from the onset of cough.

Advise symptomatic individuals to remain home until they are well and to avoid contact with young children, infants, and women in their 3rd trimester of pregnancy, especially those who are unimmunized, until they have completed 5 days of appropriate antibiotic therapy or 21 days have elapsed since their cough started.

Management of Contacts

The following contacts of confirmed pertussis cases should receive antibiotic prophylaxis:

- Household contacts (including attendees at family day care centers) where there is a vulnerable person defined as:
 - Infants < 1 year of age [vaccinated or not] or a pregnant woman in the third trimester.
- For out of household exposures, prophylaxis is recommended for vulnerable persons, who are defined as:
 - Infants < 1 year of age, regardless of immunization status, and pregnant women in their third trimester who have had face-to-face exposure and/or have shared confined air for > 1 hour.

Treatment and Prophylaxis

Prophylaxis is the same as treatment and should be given within 21 days from the first contact.

See chart on the next page.

Antimicrobials indicated for pertussis chemoprophylaxis among people without contraindications

| Age | Drug | Dosage |
|--|----------------|---|
| Infants (< 1 month) | Azithromycin | 10 mg/kg once daily in a single dose for 5 days |
| | Erythromycin | Not preferred |
| | Clarithromycin | Not recommended |
| Infants (1 – 5 months) | Azithromycin | As per < 1 month |
| | Erythromycin | 40 mg/kg po (maximum 1 gm) in 3 doses for 7 days |
| | Clarithromycin | 15 mg/kg/day po (maximum 1 gm/day) in 2 divided doses for 7 days |
| Infants (≥ 6 months and children) | Azithromycin | 10 mg/kg po (maximum 500 mg) once for 1 day, then 5 mg/kg po (maximum 250 mg) once daily for 4 days |
| | Erythromycin | As per 1 – 5 months |
| | Clarithromycin | As per 1 – 5 months |
| Adults | Azithromycin | 500 mg po once for 1 day then 250 mg po once for 4 days |
| | Erythromycin | As per 1 – 5 months |
| | Clarithromycin | 1 gm/day in 2 divided doses for 7 days (Not recommended in pregnancy) |

If you have any further questions, please do not hesitate to contact us.

Contact for more information:

Infectious Disease Program
 Southwestern Public Health, St. Thomas Site
 519-631-9900 Ext. 1232 | 1-800-922-0096

Reference: Ontario. Ministry of Health and Long-Term Care. Infectious Diseases Protocol. Appendix A – Pertussis. Toronto, ON: Queen's Printer for Ontario; 2014. Available from:
www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/pertussis_chapter.pdf