Pertussis is Here: Take Action!

Local Situation

Between August 11 - 16, 2022 two confirmed and three probable cases of pertussis have been reported to Southwestern Public Health. The cases range in age from 2 months to 32 years. All cases reside in East Elgin.

Please be vigilant in looking for signs and symptoms of pertussis in patients presenting with respiratory illness. Pertussis is highly communicable in the early stages and anyone who presents to your practice with symptoms should be kept out of the main waiting room if possible and offered a mask.

Think Pertussis

Consider pertussis diagnoses in patients and close contacts

◊ **Young infants:** Diagnosis often delayed or missed because of:

- mild onset of runny nose
- usually no fever
- mild or undetectable cough

Illness may present as apnea, hypoxia or seizures. Mild illness may suddenly transform into respiratory distress after a few days

◊ **Adolescents and Adults:**

- Most cases not diagnosed
- Misdiagnosis of bronchitis or asthma is common
- Patient may report episodes of a choking sensation or of sweating

Test for Pertussis

◊ If you suspect a patient has pertussis, please collect a <u>nasopharyngeal swab</u> using a special <u>colourless transport medium</u> which can be obtained from the London Public Health Lab.]

◊ **To order specimen collection kits, visit:** www.publichealthontario.ca/en/eRepository/Specimen_containers_and_supplies_requisition.pdf

Report Pertussis

Report Pertussis:

◊ Report confirmed and suspected cases of pertussis promptly to Southwestern Public Health to assist in preventing additional cases.

◊ Report all suspected and confirmed cases of pertussis to Southwestern Public Health by calling 519-631-9900 or by faxing 519-631-1682.

Treat Pertussis

Treatment of cases should be initiated as soon as possible after the onset of illness. Treatment can also be offered to <u>symptomatic</u> 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. .

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**)

Prophylaxis of High-Risk 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.

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

Reduce Transmission of Pertussis

Prevent Pertussis: Assess pertussis immunization status and use every patient encounter as an opportunity to vaccinate
- All close contacts to infants and all health care workers should be immunized against pertussis with Tdap or DTaP vaccine
- Vaccinate at the earliest opportunity; during hospitalization for giving birth and at clinic visits for wound management, checkups, or acute care