

Increase in Pertussis Cases

Date: Monday, April 08, 2024
To: North Zone Physicians & Staff – Area 2
From: Medical Officers of Health – North Zone
Subject: Increase in Pertussis Cases in Cleardale Area

Dear Colleagues:

There have been new cases of pertussis identified in the **Cleardale** area. Please continue to consider pertussis in your differential diagnosis for individuals presenting with cough: paroxysmal cough, or cough with apnea, inspiratory “whoop” or resulting in vomiting.

If you suspect pertussis in a patient presenting to your clinic or ER, please isolate the patient immediately and proceed with the appropriate steps as outlined below:

Testing, Treatment, Prophylaxis

- Testing for pertussis is via nasopharyngeal (NP) swab, taken and submitted in Regan Lowe medium, or charcoal as an alternate.
- Treatment can help decrease transmission of pertussis. Please see the enclosed table for treatment recommendations.
- Some vulnerable contacts of cases may be eligible for provincially funded prophylaxis. Please contact Public Health to discuss (as per coordinates below).
- Isolation of ill cases at home is advised until 5 days of antibiotic treatment has been completed.

The medications recommended by Alberta Health are outlined in the table on the following page.

If your patients have not been completely immunized against pertussis, please have them contact Public Health for appropriate immunization. In Alberta, pertussis immunization is free for all children less than 18 years of age and adults who have not had a dTap booster in the past 10 years. It is also strongly recommended that pregnant women receive a dose of dTap every time they are pregnant, ideally between 27 and 32 weeks of pregnancy, even if it has been less than 10 years since their last dose.

If you have questions regarding these recommendations, please call Communicable Disease Control between 0830-1600 hrs on business days at **1-855-444-2324** or Public Health On Call 1-800-732-8981 after hours and on weekends with questions or to report cases.

Sincerely,

Original Signed

Dr. Kathryn Koliaska, BSc MD MPH CCFP FRCP(C)
Lead Medical Officer of Health, North Zone
Alberta Health Services

Enclosure: **Treatment of Pertussis**

Treatment of Pertussis

Appendix 1: Recommended Antibiotics for Treatment and PEP

Antibiotic	Dosage	Comments
Azithromycin	<p>Infants < 6 months: 10 mg/kg/day as a single dose orally daily for 5 days</p> <p>Infants ≥ 6 months to Children < 12 years: Day 1: 10 mg/kg/day as a single dose orally (maximum 500 mg/day) Day 2–5: 5 mg/kg/day as a single dose orally (maximum 250 mg/day)</p> <p>Children ≥ 12 years and adults: Day 1: 500 mg/day as a single dose orally Day 2-5: 250 mg/day as a single dose orally</p>	First Line
Clarithromycin	<p>Infant ≥ 1 month to Children < 12 years: 15 mg/kg/day in 2 divided doses orally for 7 days (maximum 1g/day)</p> <p>Children ≥ 12 years and adults: 500 mg BID orally/day for 7 days</p>	Second Line Not recommended for infants aged <1 month and in pregnancy
Erythromycin	<p>Adults: 2000 mg/day divided into 4 doses orally for 7 days</p>	Third Line For adult use ONLY. * <i>Erythromycin estolate (liquid/oral suspension) for pediatric population is not available in Canada as of spring 2017</i>
Trimethoprim-Sulfamethoxazole (TMP-SMX)	<p>Infants ≥ 2 months to Children <12 years: 8 mg/kg/day (TMP) and 40 mg/kg/day (SMX) divided into 2 doses orally for 14 days</p> <p>Children ≥ 12 years and adults: 320 mg/day (TMP) and 1600 mg/day (SMX) divided into 2 doses orally for 14 days</p>	Alternate – used only if above drugs are contraindicated. Cannot be used for children under the age of 2 months, in pregnancy or during lactation