

Pertussis in Maskwacis Area

Date: August 13, 2024

To: Family Physicians, Nurse Practitioners, University of Alberta Rural Family Medicine Residents, EMS, and ED staff of Ponoka, Wetaskiwin, Lacombe, and Red Deer Health Centres

Cc: Central Zone: AHS Chief Zone Officer and Medical Director, Communications, Medical Affairs, Communicable Disease Control (notifiable disease team), Senior Operating Officers, Red Deer Directors, Health Link Emerging Events; Indigenous Services Canada

From: Dr. Digby Horne, Medical Officer of Health, Central Zone

Dear Colleagues:

The following information is being shared on behalf of Dr. Deena Hinshaw, Deputy Medical Officer of Health, Indigenous Services Canada, Alberta Region.

There have been new cases of pertussis identified in the Maskwacis area. Please consider pertussis in your differential diagnosis for individuals presenting with cough, especially paroxysmal cough, or cough with apnea, inspiratory “whoop” or resulting in vomiting. Unimmunized or under-immunized patients are at higher risk of infection, and infants under one year of age have a high risk of severe disease. If you suspect pertussis in a patient presenting to your clinic or ED, please isolate the patient immediately, implement contact and droplet precautions/PPE and proceed with the appropriate steps as outlined below:

Testing, Treatment, Prophylaxis

- Testing for pertussis is via nasopharyngeal (NP) swab using Regan Lowe Transport Medium (RLTM), or Universal Transport Medium if RLTM is not available or has expired.
- Treatment can help decrease transmission of pertussis. Please see the enclosed table for treatment/prophylaxis recommendations.
- Persons considered exposed to a pertussis case include those who:
 - live in the same household
 - share a confined indoor space for 1 or more hours
 - are directly exposed to respiratory or nasal secretionsat a time when the case is considered communicable (onset of coryza to two weeks following the onset of paroxysmal cough).

Provincially funded prophylactic antibiotics are recommended for exposed persons who are:

- living in the same household
- infants and those in the 3rd trimester of pregnancy

and may be considered for those with ongoing contact with infants or persons in the 3rd trimester by virtue of work or living arrangements.

- Isolation of ill cases at home is advised until 5 days of antibiotic treatment has been completed.

Immunization

If your patients have not been completely immunized against pertussis, please have them contact their local Public Health clinic 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, even if it has been less than 10 years since their last dose. This is to provide interim passive immunity through maternal antibodies for the infant.

To obtain guidance on case or contact management:

- For cases/contacts on reserve contact Indigenous Services Canada at 1-888-229-2152.
- For cases/contacts off reserve contact AHS provincial Communicable Disease Control (notifiable diseases):
 - Daily 08:30 to 16:00 by email at provincialcdcintake@ahs.ca, or call 1-855-444-2324.
 - All other times phone the MOH on-call at 403-356-6430.

Further information on the management of pertussis cases and contacts is available within the Alberta public health disease management guidelines:

- <https://open.alberta.ca/publications/pertussis>.

Thank you for your assistance.

Enclosure

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: <i>Day 1:</i> 10 mg/kg/day as a single dose orally (maximum 500 mg/day) <i>Day 2–5:</i> 5 mg/kg/day as a single dose orally (maximum 250 mg/day)</p> <p>Children ≥ 12 years and adults: <i>Day 1:</i> 500 mg/day as a single dose orally <i>Day 2-5:</i> 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