

Pertussis Outbreak – Maskwacis Area

Date: August 20, 2024

To: Wetaskiwin, Ponoka, and Red Deer Area Physicians and Emergency Departments

Cc: Central Zone: AHS Chief Zone Officer and Medical Director; Medical Affairs, and Health Link Emerging Events
Provincial: Communicable Disease Control (notifiable disease team), and Indigenous Services Canada

From: Dr. Ifeoma Achebe, 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.

Given an increase in the number of pertussis cases identified in the Maskwacis area in the past several weeks, an outbreak of pertussis has been declared for this 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 ER, please isolate the patient immediately, implement contact and droplet precautions 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. It may be useful to check the supply of swabs in your clinical area as there may be an increased need for testing.
- Treatment can help decrease transmission of pertussis and is most effective at improving outcomes when given early in the course of the illness. For close contacts of confirmed cases of pertussis who are ill, treatment may be beneficial even before testing results are available. The medications recommended by Alberta Health are outlined on the enclosed table.
- Some vulnerable contacts of cases may be eligible for provincially funded prophylaxis. Please contact Public Health to discuss any questions (as per coordinates on the following page).
- Isolation of ill cases at home is advised until 5 days of antibiotic treatment has been completed.

For more information, contact
p: 587-797-0783 f: 403-592-4966
moh.central@ahs.ca ahs.ca/czmoh

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 Tdap booster in the past 10 years. It is also strongly recommended that pregnant women receive a dose of Tdap 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. This is to provide interim passive immunity through maternal antibodies for the infant.

If you have questions regarding these recommendations:

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

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