

May 31, 2023

Beaverlodge, Hythe and Area Physicians and ERs

Dear Colleagues:

Re: Pertussis in Beaverlodge and Hythe Area

There have been recent cases of pertussis identified in the **Beaverlodge and Hythe** area. Please 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.

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,



Dr. Kathryn Koliaska, BSc MD MPH CCFP FRCP(C)
Lead Medical Officer of Health, North Zone Areas 1-6
Alberta Health Services

Enclosure: **Treatment of Pertussis**

cc: Provincial Communicable Disease Control

Treatment of Pertussis

Appendix 1: Recommended Antibiotics for Treatment and PEP

Antibiotic	Dosage	Comments
Azithromycin	Infants < 6 months: 10 mg/kg/day as a single dose orally daily for 5 days 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) 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	First Line
Clarithromycin	Infant ≥ 1 month to Children < 12 years: 15 mg/kg/day in 2 divided doses orally for 7 days (maximum 1g/day) Children ≥ 12 years and adults: 500 mg BID orally/day for 7 days	Second Line Not recommended for infants aged <1 month and in pregnancy
Erythromycin	Adults: 2000 mg/day divided into 4 doses orally for 7 days	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)	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 Children ≥ 12 years and adults: 320 mg/day (TMP) and 1600 mg/day (SMX) divided into 2 doses orally for 14 days	Alternate – used only if above drugs are contraindicated. Cannot be used for children under the age of 2 months, in pregnancy or during lactation

Based on Alberta Health & Wellness, Public Health Notifiable Disease Management Guidelines

1. Antibiotics should be administered as soon as possible after onset of illness; there is no limit to the start date for treatment of symptomatic, untreated cases of pertussis whose culture or PCR results are positive.
2. Infants <2 months of age who are receiving macrolide antibiotics should be monitored for symptoms and signs of pyloric stenosis.

Patients should be excluded from day care, school and work until 5 days after the start of antibiotic therapy or, if no treatment is given, until after 21 days and with negative test results.