

Elgin St. Thomas Site

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**From the Office of Dr. Ninh Tran, Acting Medical Officer of Health
Southwestern Public Health**

Pertussis Activity

Southwestern Public Health is notifying health care providers of increased Pertussis activity in the Southern region of Oxford and Elgin, with 1 confirmed case and others from neighbouring health units. None of the cases have been immunized for pertussis.

As a result, Public Health is asking you to consider pertussis when seeing early symptoms suggestive of this disease, particularly in those patients who are unimmunized, not fully immunized with pertussis containing vaccine, or in those who were previously immunized if it has been 5 or more years since their previous vaccination. Due to waning immunity, previously immunized adolescents and adults may also be susceptible. Testing should be considered for those with clinically compatible signs and symptoms.

TESTING

To confirm the diagnosis of pertussis, PCR testing using nasopharyngeal swabs using the specific *Bordetella pertussis* BP Collection Kit should be obtained if possible. Specimens for pertussis testing are obtained in a clear medium. Specimen kits need to be refrigerated after collection. Specimen collection kits can be obtained from private laboratories, which receive them from the London Regional Public Health Laboratory or directly from a [Public Health Lab](#) .

For further information regarding specimen collection or to obtain a requisition for *Bordetella pertussis* specimen kits, please visit: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Bordetella-Respiratory>

For further information on Signs and Symptoms, Diagnostic Testing, Case and Contact Treatment and Isolation see the attached guidance from [Public Health Ontario](#).

PERTUSSIS MANAGEMENT

Case Management:

Treatment should be based on clinically compatible signs and symptoms of pertussis (as described above). Efficacy is related to early treatment and is unlikely to be beneficial if more than 21 days have passed since the onset of cough. Cases are not considered infectious after five days of treatment with appropriate antibiotic therapy.

Contact Management:

The current guidelines recommend **chemoprophylaxis** for:

- Household contacts (including attendees at family daycare centres) where there is an infant less than one year of age (regardless of vaccination status) and/or a woman in the third trimester of pregnancy.
- For out-of-household exposures, vulnerable persons are defined as infants less than one year of age (regardless of vaccination status) and pregnant women in the third trimester who have had face-to-face exposure and/or have shared confined air for greater than one hour.
- Chemoprophylaxis should be implemented as soon as possible after exposure, as efficacy is related to early implementation. It is not likely to be beneficial after 21 days following exposure to pertussis.

Antimicrobials indicated for **chemoprophylaxis** among people without contraindications

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)

ISOLATION:

Advise patients to self-isolate at home during the infectious period. Individuals are no longer communicable after 5 days of effective antibiotic treatment.

If you are seeing a patient with suspect Pertussis, routine practices and droplet precautions are recommended. Further information regarding infection prevention and control (IPAC) practices for clinical offices can be found at: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-officepractice>

IMMUNIZATION:

Adults are known to be the main source of pertussis infection to infants not yet fully protected through routine immunization. Adults (≥ 18 years of age) are eligible for 1 Tdap dose (Adacel®/Boostrix®) generally given 10 years after the adolescent dose but may be given earlier if required. **Parents, caregivers of newborns, infants and young children as well as health care workers are considered a priority to receive this vaccine.**

All pregnant individuals in Ontario are now eligible to receive the Tdap vaccine for free in each pregnancy (Ideally between 27 and 32 weeks gestation). Please refer to the [NACI update on immunization in pregnancy with Tdap vaccine](#) for more details.

Administration of the 2, 4 & 6 month doses of acellular pertussis vaccine are critical in reducing infant mortality and hospitalization rates from pertussis. Up-to-date vaccine status varies with age. Refer to the publicly funded immunization schedule for up to date information on the pertussis vaccine: https://www.health.gov.on.ca/en/public/programs/immunization/static/immunization_tool.html

REPORTING:


For questions related to this medical advisory or to report suspected or confirmed cases of Pertussis, please contact the Infectious Disease Program, Monday through Friday, 8:30 a.m. to 4:30 p.m:

St. Thomas (519)-631-9900 ext. 1232

Woodstock (519) 421-9901 ext. 3500

After-hours, on weekends, and holidays, please call 519-631-9900 ext 0 and ask to speak with On-Call.

Sincerely,



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