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

## **Update: Pertussis Cases in Region**

Southwestern Public Health is notifying health care providers in Elgin County, Oxford County, and the City of St. Thomas of increased Pertussis activity in the region. **There have been 31 cases of pertussis reported to Southwestern Public Health since May 1, 2024.**

With the increasing pertussis activity in the region, health care providers are asked to:

- Be alert to the symptoms of pertussis;
- Consider a low threshold for testing for pertussis in individuals seeking medical care compatible with respiratory symptoms;
- Ensure medical offices have the appropriate specimen collection kits for Bordetella pertussis and check the expiry dates; and
- Report any suspect or confirmed cases of pertussis to Southwestern Public Health

### **CONSIDER A PERTUSSIS DIAGNOSIS**

For anyone who has the following symptoms, **regardless of vaccination status:**

- A paroxysmal cough of any duration.
- A cough lasting 2 weeks or longer.
- A cough with inspiratory "whoop".
- A cough ending in vomiting or gagging.
- Apnea or cyanosis without the characteristic paroxysmal cough, especially in infants.
- A cough in a person who has reports being exposed to pertussis.

### **LAB TESTING**

- Early signs and symptoms of pertussis are often non-specific, making it difficult to determine clinically who has pertussis in the earliest stages.
- Patients with signs and symptoms consistent with pertussis should be tested by PCR to confirm the diagnosis.
- Ideally, specimens should be collected during the first two to three weeks of cough.

- Collect a NP swab or NP aspirate for PCR testing using specific Bordetella pertussis collection test kit (colourless medium). **Do not use viral transport medium (pink).**
- Confirm you have a supply of unexpired test kits. SWPH has a limited supply of test kits available – please contact public health during business hours if you urgently need a test kit.
  - **To order test kits (item #390052):** [click here](#) [BP – Bordetella pertussis (Whooping Cough) pkg/2]
  - **Specimen collection instructions:** [click here](#)
  - **PHO General Test Requisition:** [click here](#)

## TREAT PERTUSSIS

### Case Management

- Give antimicrobial therapy to patients with a highly suspected or confirmed pertussis.
- These macrolides are equally effective for treatment or prophylaxis of pertussis: azithromycin, clarithromycin, and erythromycin.
- Patients are considered to be non-infectious after completing the fifth day of appropriate antimicrobial treatment.
- Efficacy is related to early treatment and is unlikely to be beneficial if more than 21 days have passed since the onset of cough.

### Contact Management

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

Age	Drug	Dosage
<b>Infants (&lt; 1 month)</b>	Azithromycin	10 mg/kg once daily in a single dose for 5 days
	Erythromycin	Not preferred
	Clarithromycin	Not recommended
<b>Infants (1 – 5 months)</b>	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
<b>Infants (≥ 6 months and children)</b>	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
<b>Adults</b>	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 ( <b>Not recommended in pregnancy</b> )

- 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 individuals 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 individuals 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.

## OTHER CONSIDERATIONS

### Infection Protection and Control

- If pertussis is suspected, schedule the patient at the end of the day to minimize exposure to others. Reschedule the visit if it is an elective visit.
- Minimize exposure to other patients by placing the patient out of the waiting room, if possible. Provide alcohol-based hand rub. Provide a mask or tissues if coughing, or a basin if vomiting.
- Use droplet-contact precautions when providing direct care.
- Provide education to the patient about preventing further spread of the infection.

### Keep Vaccinations Up-to-Date

- Keeping up-to-date protects everyone.
- Tdap vaccine is recommended with every pregnancy between 27-32 weeks of gestation.
- One dose of Tdap is recommended for adults over 18 years of age.
- Ontario's provincially funded vaccine schedule supports vaccination with pertussis-containing vaccine throughout childhood.

### Report All Suspected & Confirmed Cases

- Call 1-800-922-0096 ext. 3500
- Fax a report to 519-631-1682. For a copy of the report form: [click here](#).

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