



Public Health
Central Zone

January 24, 2020

TO: Parents and Staff of the West Country Outreach School, Rimbey

RE: Pertussis (Whooping Cough)

Dear Parents and Staff:

Students and Staff of the West Country Outreach School, Rimbey may have been exposed to a case of Pertussis, also called Whooping Cough. Exposure(s) occurred mid-November 2019 through January 23, 2020.

Pertussis usually begins as a runny nose, and after a few days to a week, a cough may develop. The cough gets worse and the person may cough without being able to stop to take a breath. At the end of a coughing spell, the person may vomit or gag. Sometimes there is a whoop sound after a breath is taken. Pertussis is spread by exposure to droplets from the mouth and nose of infected people and is caused by bacteria. Most people who get pertussis get sick 7-10 days after exposure, but sometimes it can take as long as 21 days.

Although up-to-date immunization is the best way of being protected against pertussis, it is not 100% effective. Pertussis needs to be treated with antibiotics as soon as possible after symptoms start, to decrease symptoms and stop spread to other people. Students and Staff exposed during the times(s) noted above who get cold symptoms or a cough within 3 weeks of their last exposure, should visit a doctor and bring the attached letter.

Babies less than one year of age can get very sick from pertussis. To prevent infection, babies and women in the last 3 months of pregnancy who have been exposed to a pertussis case should receive antibiotics. Students and Staff who could spread pertussis to babies or women in the last 3 months of pregnancy at home, work, or other places they routinely spend time at may be recommended antibiotics for prevention; contact Health Link at 811 for more information.

The records of exposed persons should be checked to see if pertussis immunization is up-to-date. Records of family members should be checked too. Call your local Community Health Centre if you are unsure. It is recommended for all adults to get a dose of pertussis vaccine (called dTap) after they turn 18, and pregnant women should receive a vaccine at 27 weeks or later during each pregnancy. Getting immunized after a pertussis exposure does not prevent it but may give protection against future exposures. Even if someone has had pertussis, up-to-date immunization is still recommended for ongoing protection. To get immunized, please call your Community Health Centre.

If you have any questions, please call Health Link Alberta at 811.

Communicable Disease Control

January 24, 2020

Dear Physician:

This individual has been identified as a contact of a case of *Bordetella Pertussis* occurring in the West Country Outreach School, Rimbey. Exposure(s) occurred mid-November 2019 through January 23, 2020.

A letter notifying Students and Staff exposed during the time(s) noted also included this physician letter, which may have been brought to you for one of the following reasons:

1. Possible-case: He/she has developed symptoms which might indicate infection (upper respiratory tract infection and/or persistent cough).
2. High-risk-contact of the case: He/she is asymptomatic but lives in/attends/works at a setting where infants or pregnant women in the third trimester are present on a regular basis. Antibiotic prophylaxis is recommended for high-risk contacts to prevent secondary transmission to these vulnerable persons.
3. Vulnerable-contact of the case: he/she is asymptomatic but is an infant or woman in the third trimester of pregnancy.

Please consider the following actions, depending on which of the criteria are met:

Possible-case:

- Students and Staff of the West Country Outreach School, Rimbey with cough which lasts 2 or more weeks, or is paroxysmal, or which ends in vomiting/inspiratory whoop/apnea meet the definition of a confirmed case. They should be treated and notified to CDC (ph: 403-356-6420) to allow contact follow-up. Although antibiotics may have little effect on the clinical course once symptoms are established, their use can hasten clearance of the organism and limit spread of the disease. If appropriate, please prescribe according to the chart attached.
- Individuals with other upper respiratory symptoms, who may be in the prodromal phase, or symptomatic persons without this specific exposure should have a nasopharyngeal swab taken and submitted in Regan Lowe Transport Medium (or charcoal if RLTM is not available or has expired). Questions regarding this process may be directed to Communicable Disease Control at (403) 356-6420.

Asymptomatic High-risk or Vulnerable-contacts:

- DO NOT swab
- Antibiotics provided to the contact within 21 days of their last exposure to an infectious* case may prevent infection. *If appropriate, please prescribe according to the chart below.*

* The duration of the infectious period in the case is from the onset of catarrhal symptoms (fever / rhinorrhea) until 2 weeks after the onset of cough. If an exposure date is not provided, please use the date of this letter.

Your partnership in helping to control pertussis in the Central Zone is greatly appreciated. Please call Communicable Disease Control at (403) 356-6420 with questions or to report cases. Further information on the management of pertussis cases and contacts is available at the Alberta Health Notifiable Diseases web page https://www.alberta.ca/notifiable-disease-guidelines.aspx?utm_source=redirector.

Dr. Ifeoma Achebe
Medical Officer of Health, Central Zone

RECOMMENDED ANTIBIOTICS for PERTUSSIS TREATMENT and PROPHYLAXIS

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

Pertussis Public Health Disease Management Guideline, Alberta, December 2018