

08 May 2019

Dear Members of Saint Vital Parish:

You or your child **MAY** have been in contact with a case of whooping cough (pertussis) at Saint Vital Parish. Whooping cough is a contagious disease caused by a bacteria. It is spread through the air when someone coughs or sneezes. In order to prevent the spread of this disease, we ask that you follow the advice given below.

If you/your child are healthy with no symptoms then you do not need to do anything further. There is no need for a physician to check you or your child or take a swab if you are not coughing.

If you/your child develop the following symptoms of pertussis please see your physician and give him or her this letter:

- a persistent cough which is worse at night,
- a cough which may be accompanied by a whooping sound when breathing in,
- coughing spells which may be followed by vomiting or gagging.

If you/your child are coughing and your physician thinks that it might be due to whooping cough, then he or she will take a swab from you/your child's nose to confirm it. If either of you are diagnosed as having whooping cough, then your physician should report this to the public health office. The treatment for whooping cough is a course of antibiotics.

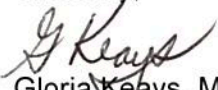
If you are coughing, you/your child should not go to daycare, school, Public Health Centres or public gatherings until:

- you/your child have been on antibiotics for at least 5 days,
OR
- 3 weeks has passed from the time the cough first started,
OR
- you/your child stops coughing, whichever comes first.

To prevent further spread of pertussis and ensure protection, we strongly recommend that everyone confirm their immunizations are up-to-date. For children, adequate immunization is three doses of pertussis-containing vaccine before one year of age, and booster doses at 18 months and between four to six years of age. Children will also be offered a dose of pertussis-containing vaccine in Grade 9 at school during routine scheduled immunization rounds. For adults, one dose of pertussis-containing vaccine is recommended after the age of 18 years. Please check your/your child's immunization record or contact your local Public Health Centre if you are unsure of your/your child's immunization history.

Remember, if you/your child do not have symptoms, there is no need to do anything. If there are any questions, please call the Alberta Health Link at 811. A Public Health nurse will follow up with a phone call on the next business day.

Sincerely,



Gloria Keays, MD FCFP FRCPC
Medical Officer of Health
Edmonton Zone
Alberta Health Services

08 May 2019

Dear Physician,


This individual has been exposed to a confirmed case of *Bordetella pertussis*.

We are asking physicians to assist us in the identification of probable and suspect cases through nasopharyngeal swabbing for lab confirmation. If pertussis is suspected, collect and send a nasopharyngeal (NP) swab transported in Regan Lowe Transport Medium (RLTM). Please note, if influenza testing is also required, a different NP swab placed in Universal Transport Medium must be collected.

You can refer to the Provincial laboratory "Guide to Services" document found on their website at the following link: <http://www.provlab.ab.ca/guide-to-services.pdf>. Appropriate management of cases and contacts is essential to control pertussis.

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. However, beginning antimicrobial therapy beyond 3 weeks after onset of cough is of no benefit because the organism is spontaneously cleared from the nasopharynx by that time.

Your partnership in helping to control pertussis in the Edmonton Zone is greatly appreciated.



Gloria Keays MD FCFP FRCPC
Medical Officer of Health
Edmonton Zone
Alberta Health Services

RECOMMENDED ANTIBIOTICS FOR PERTUSSIS TREATMENT AND PROPHYLAXIS

Antibiotic	Dosage	Comments
Azithromycin	<p>Infants under 6 months: 10mg/kg per day in a single dose for 5 days</p> <p>Children 6 months and older: Day 1: 10 mg/kg/day once daily po (maximum of 500 mg/day). Day 2-5: 5 mg/kg/day once daily po (maximum of 250 mg/day).</p> <p>Adults: Day 1: 500 mg once daily po Day 2-5: 250 mg once daily po</p>	First Line
Clarithromycin	<p>Children 1 month and older: 15 mg/kg/day divided into 2 doses po for 7 days (maximum of 1000 mg daily).</p> <p>Adults: 1000 mg divided into 2 doses po for 7 days</p>	Second Line Not recommended in pregnancy. Not recommended for infants under 1 month
Erythromycin	<p>Children: Not currently available</p> <p>Adults (Base): 250-500 mg, 4 times daily for 7 days (maximum of 2000 mg daily).</p>	Third Line
Trimethoprim-Sulfamethoxazole (TMP-SMX)	<p>Children 2 months and older: 8 mg/kg/day (TMP) and 40 mg/kg/day (SMX) divided into 2 doses/day po for 14 days (maximum of 320 mg (TMP) and 1600 mg (SMX) daily).</p> <p>Adults: 320 mg/day (TMP) and 1600 mg/day (SMX) divided into 2 doses per day 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.

Additional References:

- Alberta Health Public Health Notifiable Disease Management Guidelines. Pertussis. <https://open.alberta.ca/publications/pertussis>
- AHS Infection Prevention and Control Community-Based Services Resource Manual. <http://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-community-based-services-resource-manual.pdf>