

August 17, 2015

Dear Health Care Provider,

In recent months there have been clusters of pertussis cases in the Western and Central parts of the Province and isolated cases elsewhere. With these cases and increased public awareness about pertussis, you may see an increased number of clients seeking medical advice for symptoms of pertussis, or having concerns about pertussis exposure.

In vulnerable clients (particularly infants, under-immunized or un-immunized children and adults), the following may increase clinical suspicion of pertussis:

- Cough lasting 2 weeks or longer
- Paroxysmal cough of any duration
- Cough with inspiratory 'whoop'
- Cough ending in vomiting or gagging, or associated with apnea

It is also important to note that infants under 6 months of age, partially vaccinated children, adolescents and adults often do not exhibit the typical 'whoop' or paroxysmal coughing.

If a client presents to your practice with clinical symptoms of pertussis, Public Health recommends the following:

- **Notification of Public Health:** Please report all suspected and confirmed cases of pertussis to your local public health office by the next business day.
- **Nasopharyngeal Aspirate:** If you suspect pertussis, obtain a Nasopharyngeal aspirate (or NP swab), preferably before initiating antibiotic therapy. Detailed information on the testing procedure is attached or see <https://www.youtube.com/watch?v=TFwSefezIHU>
- **Treatment:** If you plan to treat a client for pertussis, please inform Public Health. Antibiotics can shorten the period communicability, but only reduce the symptoms if given early. Any of the following can be used for treatment:
 - Azithromycin (5 days)
 - Clarithromycin (7days)
 - Erythromycin (7 days)
 - Trimethoprim-Sulfamethoxazole (14 days) – individuals \geq 2 months of age who have contraindication to or cannot tolerate macrolide agents.

Antibiotic dosing depends on the age of the patient. Please refer to the most recent guidelines.

Infants under 2 months of age who are receiving macrolides should be monitored for signs and symptoms of pyloric stenosis. Consider Pediatric Infectious Disease consult for infants less than 6 months of age.

Clients are no longer considered infectious after 5 days of treatment with antibiotics.

- **Immunization:** This is a good opportunity to immunize anyone at risk.

As per the Nova Scotia Immunization Schedule:

- Children receive pertussis vaccine as part of the primary series at 2, 4, 6 months and 18 months and a booster before school entry between 4 and 6 years of age.
- School age children receive another booster in Grade 7 through the school-based immunizations provided.
- All adults, including pregnant women 26 weeks gestation or greater who have not received a dose of pertussis vaccine in adulthood should receive a single dose for the prevention of pertussis, especially if they are in contact with infants.

If you have any questions please contact Public Health Services in your area.

Sincerely,



Dr. Frank Atherton
Deputy Chief Medical Officer of Health