



**Public Health Services**

7 Mellor Avenue, Unit #5  
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Phone: (902) 481-5800  
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September 16, 2015

Dear Health Care Provider:

**Re: Whooping Cough at a Local Daycare (*Kids and Company* Barrington St. HFX.)**

This is to inform you that two case of Pertussis (Whooping Cough) have been identified in a local daycare, and day-care attendees are being advised by Public Health to see their family doctor ***if their child is experiencing symptoms suggestive of pertussis***. Parents have been advised to monitor their children for symptoms until October 9, 2015, as this is the last day we would expect symptoms to develop, based on this current exposure.

If a child presents to your practice, and attends Kids and Company, Barrington Street, Halifax, Public Health recommends the following measures:

1. **Nasopharyngeal Aspirate:** Nasopharyngeal aspirate (or NP swab if aspirate is not possible) should be obtained from symptomatic contacts, preferably before initiating antibiotic therapy.
2. **Antibiotics:** If you plan to treat, please call Public Health. The following can be used for treatment of pertussis. All have the same efficacy. Newer macrolides tend to be better tolerated but are more expensive. See attached table for suggested treatment.

Infants < 2 months of age who are receiving macrolide antibiotics should be monitored for symptoms and signs of pyloric stenosis. A pediatric ID consult for any infant should be considered. Patients must complete 5 days of therapy to be considered no longer infectious.

3. **Immunization:** Immunizations following exposure will not provide protection from current infection nor eradicate the organism but it is important that, unless contraindicated, all children be up-to-date with scheduled pertussis vaccine even if they have had pertussis disease. Please review the immunization status of the child and provide vaccines as required.
4. **Notification of Public Health:** Pertussis is a notifiable disease in Nova Scotia. Please report all suspect and confirmed cases to Public Health. If you have any questions, please contact Public Health at 902-481-5800 and ask to speak with a Communicable Disease nurse.

Sincerely yours,

A handwritten signature in black ink, appearing to read "G. Watson".

Dr. Gaynor Watson –Creed MSc, MD, CCFP, FRCP(C)  
Medical Officer of Health

**PERTUSSIS TREATMENT AND CHEMOPROPHYLACTIC AGENTS – DOSAGE SUMMARY<sup>1</sup>**

AGE	Azithromycin	Erythromycin	Clarithromycin
< 1 month	<b>Contact paediatric infectious disease at IWK: 902.470.8888 (switchboard)</b>		
1 to 5 months <sup>2</sup>			
6 months to 12 years	10 mg/kg as a single dose on day 1 ( <b>maximum 500 mg</b> ), then 5 mg/kg/day as a single dose on days 2 through 5 ( <b>maximum 250 mg/day</b> )	40 mg/kg/day in 4 divided doses for 7-14 days ( <b>maximum 1-2 g/day</b> )	15 mg/kg/day in 2 divided doses for 7 days ( <b>maximum 1 g/day</b> )
Over 12 years	500 mg as a single dose on day 1, then 250 mg as a single dose on days 2 through 5	2 g/day in 4 divided doses for 7-14 days	1 g/day in 2 divided doses for 7 days

Notes:

<sup>1</sup> If your patients have allergies, consult with adult or paediatric infectious disease for appropriate prophylaxis. Adult infectious disease: (902) 473-6592.

<sup>2</sup> Infants < 2 months of age who are receiving macrolide antibiotics should be monitored for symptoms and signs of pyloric stenosis. A pediatric ID consult for any infant should be considered. Patients must complete 5 days of therapy to be considered no longer infectious.