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CONTACT INFO

Dr. Peter Barss
Medical Health Officer

Dr. Trevor Corneil
Medical Health Officer

Dr. Andrew Larder
Senior Medical Health Officer

Dr. Rob Parker
Medical Health Officer

Dr. Sue Pollock
Medical Health Officer

**DUTY MHO LINE (24/7)
1-866-457-5648**

Pertussis Activity in IH

There have been 19 lab-confirmed cases of pertussis reported to Interior Health since June 1, 2012, with 16 cases being reported in the month of August. The 19 lab-confirmed cases include several separate clusters involving family or friends, but with no identified link between the separate clusters identified. However, at least in two instances exposures were linked to cases in Washington State. The age range of cases is 6 months to 66 years of age (mean 21 years) with 32% reporting up to date immunizations. The cases have occurred across IH, with more than a single case in Williams Lake, Kamloops, Vernon and Grand Forks.

There is no change in IH at present to the routine provincial pertussis immunization recommendations and eligibility groups. IH will continue to monitor the situation, and assess if expanded control measures may be needed as were undertaken in FHA and VCHA earlier this year. Please encourage your patients to update their immunizations.

Infectious period

- ☐ Begins with the catarrhal stage, usually 1 week before onset of paroxysmal cough, ending 3 weeks after paroxysmal cough onset.
- ☐ Communicability is considered negligible beyond 3 weeks after onset of the paroxysmal cough. Cases are no longer considered infectious after 5 days of antibiotic treatment.
- ☐ **Symptomatic contacts who likely have pertussis in the 1st three weeks of symptoms should be excluded from daycare, school or workplace until 5 days of treatment has occurred, or the three week period has passed.**

Diagnosis

- ☐ Nasopharyngeal swabs for culture and PCR - prior to starting treatment.
- ☐ Swabbing of asymptomatic persons is not recommended.

Contact tracing

- ☐ Done by Public Health Communicable Disease Unit to identify infants and 3rd trimester pregnant women **who have had face-to-face exposure to cases for ≥ 5 minutes or shared the same confined airspace for ≥ 1 hour.**
- ☐ Contacts will be referred to their family physicians for further follow up.
- ☐ Contacts with catarrhal symptoms will not be traced unless they subsequently meet the *confirmed* case definition.

Treatment and chemoprophylaxis

□ Dosages and duration are identical (see following Table from the BC Centre for Disease Control Guidelines).

Chemoprophylaxis is recommended for the following contacts with significant exposure to a case of pertussis – regardless of immunization status or age.

- Infants less than one year
- Women in 3rd trimester of pregnancy
- Household and group/family-daycare contacts if there is an infant or 3rd trimester pregnancy in the household.

Note: Chemoprophylaxis is of benefit if it can be given within 3 weeks of the first exposure.

Reporting of *probable*, *confirmed*, as well as *suspect* cases that have been placed on treatment should be done through the Communicable Disease Unit at 1-866-778-7736.

Please see <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm> for more information.

Pertussis Treatment And Chemoprophylactic Agents – Dosage Summary

AGE	AZITHROMYCIN	ERYTHROMYCIN	CLARITHROMYCIN	TRIMETHOPRIM - SULFAMETHOXAZOLE (alternative agent)
< 1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable: 40 mg/kg/day po (maximum 1 gm/day) divided in 3 doses for 7 days	Not recommended (safety data unavailable).	Contraindicated for infants aged < 2 months (risk for kernicterus).
1 – 5 months	10 mg/kg per day in a single dose for 5 days	40 mg/kg/day po (maximum 1 gm/day) divided in 3 doses for 7 days	15 mg/kg/day po (maximum 1 gm/day) divided in 2 doses for 7 days	Contraindicated for infants aged < 2 months (risk for kernicterus) Children 2 months to ≤ 12 years of age: Trimethoprim 4 mg/kg and Sulfamethoxazole 20 mg/kg po twice a day for 14 days (maximum Trimethoprim 160 mg and Sulfamethoxazole 800 mg twice daily)
≥ 6 months to ≤ 12 years	10 mg/kg/day po (maximum 500 mg) once for 1 day, then 5 mg/kg/day po (maximum 250 mg/day) once daily for 4 days	40 mg/kg/day po (maximum 1 gm/day) divided in 3 doses for 7 days	15 mg/kg/day po (maximum 1 gm/day) divided in 2 doses for 7 days	Children 2 months to ≤ 12 years of age: Trimethoprim 4 mg/kg and Sulfamethoxazole 20 mg/kg po twice a day for 14 days (maximum Trimethoprim, 160 mg and Sulfamethoxazole 800 mg twice daily)
> 12 years	500 mg po once for one day then 250 mg po once daily for 4 days	40 mg/kg/day po (maximum 1 gm/day) divided in 3 doses for 7 days	1 gm/day divided in 2 doses for 7 days Not recommended in pregnancy	Adults and children over 12 years of age: Trimethoprim 160 mg and Sulfamethoxazole 800 mg po twice a day for 14 days Not recommended in pregnancy