

Pertussis Case & Contact Management

As a supplement to Newsletter #360 (bit.ly/MHOnewsletter360), this handout provides further guidance on case and contact management of pertussis.

Role of Public Health

- The Communicable Disease Prevention & Control team automatically receives reports of lab-confirmed pertussis, and possible pertussis cases that are directly reported by clinicians.
- The public health response for pertussis is to provide guidance to cases to decrease spread, and to identify **high-risk contacts and advise them to seek post-exposure prophylaxis**.

*Public health is **not** involved in testing, treatment, or directly providing post-exposure prophylaxis*

Testing

- Perform NP swab (see next page or <https://tinyurl.com/PertussisSwabs> using the green-top COPAN eSwab containing Liquid Amies. Request NAAT and culture on the lab forms.
- Swabs are made available to clinics by the BCCDC Public Health Laboratory (order through <https://tinyurl.com/BCCDCOrder>).
- Specimens sent to Island Health Medical Laboratories will be processed on-island, usually in 1-2 days.
- Specimens sent to BCCDC or LifeLabs will have a longer turnaround time as they will be processed in Vancouver.
- If you cannot provide testing, please refer to a UPCC or ED. Public health does not provide testing.

Treatment

- It is the clinician's decision to empirically treat or wait until test results.
- Full provincial treatment guidelines are at <https://tinyurl.com/BCCDCPertussisTx>
- First-line therapy is azithromycin as follows:

Age group	Dosage
Birth to 5 months	10 mg/kg per day in a single dose for 5 days (only limited safety data available).
≥ 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
> 12 years	500mg po once for 1 day then 250 mg po once daily for 4 days

Risk of Transmission

- Without antibiotic treatment, individuals with pertussis are infectious from the beginning of the catarrhal stage (non-specific upper respiratory tract infection symptoms) to three weeks (21 days) after the onset of paroxysmal cough.
- With antibiotic treatment, the infectious period is reduced to 5 days after the start of antibiotics.
- While infectious, individuals with pertussis are advised not to attend settings where high risk people (i.e., infants <1 year of age or pregnant people in the 3rd trimester) may be present (e.g., daycare)

Post-exposure prophylaxis of close contacts

- Post-exposure prophylaxis is recommended for the following high risk close contacts to a pertussis case. Public health will identify these contacts and advise them to seek medication from a primary care provider)
 - infants < 1year of age.
 - pregnant women in the 3rd trimester.
 - all household contacts (including all those in a family daycare) **IF** there is an infant < 1 year of age or a pregnant woman in the 3rd trimester in the household.
- First-line post-exposure prophylaxis is with azithromycin at the same dose as for treatment above.

Communicable Disease Prevention & Control

North Island: 250-331-8555 Central Island: 250-740-2615

South Island: 250-388-222 Afterhours/weekend: 1-800-204-6166

islandhealth.ca/our-services/communicable-disease-prevention-control-services/communicable-disease-prevention-control

Laboratory Collection Instructions for Pertussis Testing

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Specimens:

- Optimal samples are pernasal swabs but postnasal swabs are also accepted, though less sensitive. **DO NOT SUBMIT THROAT SWABS.**
- Please use COPAN eSwab containing Liquid Amies with flocked swab.



COPAN CA481C (tube with Liquid Amies, green cap)

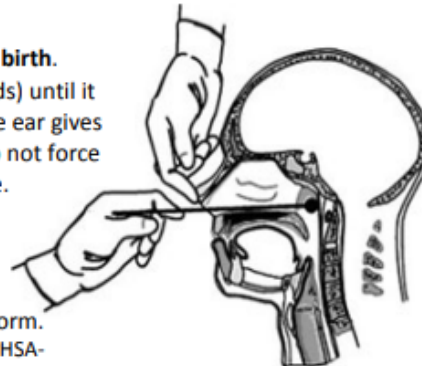
Collection:

- Personal protection during specimen collection:** Minimize self exposure by minimizing the amount of time spent in taking a sample, wearing personal protection and following infection control practices. Hands should be washed and fresh gloves used for each new patient.

Procedure:

1st Choice: Pernasal specimens

- Label** the container with the patient's **full name** and **date of birth**.
- Gently insert swab into one nostril **straight back** (not upwards) until it reaches the posterior wall. The distance from the nose to the ear gives an estimate of how far back the swab should be inserted. Do not force the swab. If an obstruction is encountered, try the other side.
- Rotate swab a few times, loosening the cells in the mucus cavity and then remove.
- Place the swab into the accompanying eSwab vial.
- Fill out the *PHSA Labs Bacteriology & Mycology Requisition form*. (Available at <http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm>)
- Seal in biohazard bag, refrigerate and ship as soon as possible in a cooler containing ice packs.



2nd Choice: Postnasal specimens

- Label** the container with the patient's **full name** and **date of birth**.
- Incline the patient's head as required and insert the swab into the patient's mouth.
- To avoid contamination from the oral cavity, bend the wire to an angle of 135° about 1 cm from the tip.
- Rest the swab against the posterior wall of the pharynx and move the tip up and down a few times.
- Place the swab into the accompanying eSwab vial.
- Fill out the *PHSA Labs Bacteriology & Mycology Requisition form*.
- Seal in biohazard bag, refrigerate and ship as soon as possible in a cooler containing ice packs.

To report possible cases, and for questions:

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