



## NWT Clinical Practice Information Notice

Upon receipt, please file this notice in  
**Section C, Clinical Practice Information Binder** for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

|                                     |                  |                                     |                          |                                     |                     |                                     |                       |                                     |             |
|-------------------------------------|------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------|-------------------------------------|-----------------------|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | Hospitals        | <input checked="" type="checkbox"/> | Community Health Centres | <input checked="" type="checkbox"/> | Homecare            | <input checked="" type="checkbox"/> | LTC                   | <input checked="" type="checkbox"/> | Pharmacists |
| <input checked="" type="checkbox"/> | Doctor's Offices |                                     | Social Services Offices  | <input checked="" type="checkbox"/> | Public Health Units |                                     | Please list other(s): |                                     |             |

The information contained in this document is a Departmental:

|                          |        |                                     |                   |                          |          |                          |           |                          |                             |
|--------------------------|--------|-------------------------------------|-------------------|--------------------------|----------|--------------------------|-----------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Policy | <input checked="" type="checkbox"/> | Clinical Standard | <input type="checkbox"/> | Protocol | <input type="checkbox"/> | Procedure | <input type="checkbox"/> | Clinical Practice Guideline |
|--------------------------|--------|-------------------------------------|-------------------|--------------------------|----------|--------------------------|-----------|--------------------------|-----------------------------|

**Title:** [Pertussis Assessment and Management of Cases and Contacts](#)

**Effective Date:** January 2020

**CPI # 159**

### Statement of Approved Clinical Practice:

In addition to the [NWT Communicable Disease Chapter on Pertussis](#), the [Pertussis Assessment and Management of Cases and Contacts](#) document is an approved standard reference for public health management of pertussis in the NWT.

### This document consolidates key public health management recommendations including:

- Case assessment and management
- Contact assessment and management
- Recommendations for post exposure prophylaxis
- Reporting requirements

### Reference:

- Pertussis Assessment and Management of Cases and Contacts  
<https://www.hss.gov.nt.ca/professionals/sites/default/files/pertussis-assessment-management.pdf>

An electronic copy of this notice is also available on the Department of Health and Social Services public website at: <http://www.professionals.hss.gov.nt.ca/document-categories/clinical-practice-information-notices>.

This clinical practice is approved. \_\_\_\_\_ *L. Kandola* \_\_\_\_\_ January 31, 2020 \_\_\_\_\_.

Minister ☐

Deputy Minister ☐

Assistant Deputy Minister ☐

Chief Public Health Officer ☒