



Report all confirmed AND/OR probable cases to the Office of the Chief Public Health Officer by telephone (867) 920-8646 and complete and fax (867) 873-0442 the Pertussis Investigation Form within 24 hours.

Assessment

- Assess:
 - symptoms
 - *initial **catarrhal stage** (cold-like symptoms including: coryza, sneezing, absent or low-grade fever, and a mild occasional cough that gradually worsens)
 - ***paroxysmal stage** (prolonged coughing spasms followed by an inspiratory whoop or post-cough vomiting or both)
 - ***convalescent stage** (coughing gradually wanes over weeks to months)
 - *clinical presentation of pertussis may vary according to the person's age, early use of antibiotics, respiratory co-infections and previous immunization against pertussis. Adults, adolescents or children may have atypical symptoms or experience milder disease if they have been immunized with pertussis vaccine
 - history of symptoms
 - potential pertussis exposures (ie travel)
 - vaccination status
- Perform NP Swab⁵ (see reverse)
- Maintain droplet precautions during any pertussis assessment

Identify Probable and Confirmed Case

Confirmed Case

- Isolation of *B. pertussis* on culture
- Detection of *B. pertussis* nucleic acid AND at least one or more of the following:
 - a. Cough lasting at least two weeks or longer
 - b. Paroxysmal cough of any duration
 - c. Cough with inspiratory 'whoop' and/or
 - d. Cough ending in vomiting or gagging, or associated with apnea
- A person who is epidemiologically linked to a laboratory-confirmed case AND at least one or more of the following for which there is no other known cause:
 - a. Cough lasting at least two weeks or longer
 - b. Paroxysmal cough of any duration
 - c. Cough with inspiratory whoop
 - d. Cough ending in vomiting or gagging, or associated with apnea

Probable Case

Probable case in outbreak only:

Cough lasting 2 weeks or longer in absence of appropriate laboratory test and not epidemiologically linked to a laboratory confirmed case AND has one or more of the following with no other known cause:

- a. Paroxysmal cough of any duration
- b. Cough with inspiratory 'whoop' and/or
- c. Cough ending in vomiting or gagging, or associated with apnea

Not a Confirmed or Probable Case

Key Further Assessment and Management

- Determine possible source of infection: (travel history, contact with recent traveler, contact with known case or someone with pertussis like illness)
- Clarify timing of symptoms
- Determine the period of communicability (See above illustrated timeline)
- Complete pertussis timeline including possible transmission settings (e.g. school, childcare, healthcare setting)
- Identify contacts (see reverse)
- Offer pertussis-containing vaccine if indicated
- Complete pertussis case investigation form
- Provide information about pertussis (see [Fact Sheet](#) on HSS website)
- Treat as per [AHS Bugs and Drugs](#) or [Alberta Health Management Guidelines for Pertussis](#)**
- Isolate until 5 days after start of antibiotics or, if untreated, until after 21 days of cough due to pertussis
- If case is pregnant review management with prenatal care provider
 - ensure pertussis-containing vaccine is offered each pregnancy, regardless of last dose, between 27-32 week gestation
- **Complete and fax (or send via Secure File Transfer) the below to the OCPHO within 24 hours:**
 - Pertussis Investigation Form/Timeline
 - Pertussis Contact List

Use clinical judgement and consider:

- Respiratory hygiene
- Avoidance of vulnerable individuals
- Avoidance of social gatherings (including school, work)
- Offer pertussis-containing vaccine if indicated
- Provide information about pertussis (see [Fact Sheet](#) on HSS website)
- Empiric treatment and isolation

CONSULT WITH OCPHO AS NECESSARY

Adapted from PHAC Case Definitions CCDR 2009 Vol 35 and Alberta Health Public Health Disease Management Guidelines (Pertussis)

**Available at: <https://open.alberta.ca/dataset/28b7c03a-f2e1-4b61-b1cc-e2cad282522a/resource/e8812918-8318-45dd-b1d8-d325407a121d/download/guidelines-pertussis-2019-02.pdf>

Pertussis Contact Assessment & Management

Confirmed Case of Pertussis

- Isolation of *B. pertussis* on culture
- Detection of *B. pertussis* nucleic acid AND at least one or more of the following:
 - a. Cough lasting at least two weeks or longer
 - b. Paroxysmal cough of any duration
 - c. Cough with inspiratory 'whoop' and/or
 - d. Cough ending in vomiting or gagging, or associated with apnea
- A person who is epidemiologically linked to a laboratory-confirmed case AND at least one or more of the following for which there is no other known cause:
 - a. Cough lasting at least two weeks or longer
 - b. Paroxysmal cough of any duration
 - c. Cough with inspiratory whoop
 - d. Cough ending in vomiting or gagging, or associated with apnea

Probable Case of Pertussis

Probable case in outbreak only:

Cough lasting 2 weeks or longer in absence of appropriate laboratory test and not epidemiologically linked to a laboratory confirmed case AND has one or more of the following with no other known cause:

- a. Paroxysmal cough of any duration
- b. Cough with inspiratory 'whoop' and/or
- c. Cough ending in vomiting or gagging, or associated with apnea

Adapted from PHAC Case Definitions CCDR 2009 Vol 35 and Alberta Health Public Health Disease Management Guidelines (Pertussis)

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Conduct Contact Investigation for Communicable Period of the Case¹

Contacts:

- Live in the same household as index case
- Share the same confined space for ≥ 1 hour (e.g. classmates at school)
- Have direct contact with respiratory/nasal secretions (e.g. sharing food or eating utensils, conducting a medical examination of nose/throat without PPE, or even face to face contact)

¹Communicable period is during catarrhal or early paroxysmal stage. See reverse for illustrated timeline. Consider cases communicable from first symptoms until 21 days after onset of cough, if untreated. If treated, assume person is no longer communicable 5 days after start of antibiotic.

²PEP is unlikely to benefit if given greater than 21 days after exposure. Refer to AHS Bugs and Drugs or Alberta Health Management Guidelines for Pertussis** for prophylaxis medications and dosing.

³Vulnerable people include immunocompromised OR infant ≤ 1 year of age OR pregnant in third trimester (due to risk of transmission to newborn)⁴

⁴Inform prenatal health care provider (HCP) and consider PEP in collaboration with OCPHO and prenatal HCP.

⁵Regan-Lowe Transport Medium

Assess for Symptoms of Pertussis and Identify Probable or Confirmed Cases

Public Health Management

EPIDEMIOLOGICALLY LINKED CONFIRMED CASE

Any contact to a lab-confirmed case, with symptoms consistent with pertussis i.e. ANY of the following (for which there is no other cause)

- a. cough lasting at least two weeks or longer
- b. Paroxysmal cough of any duration
- c. Cough with inspiratory 'whoop' and/or
- d. cough ending in vomiting or gagging, or associated with apnea

Manage as Confirmed Case (see reverse side)

PROBABLE CASE

Any contact who is NOT a contact to a lab confirmed case who has a cough for two weeks or longer and

- a. Paroxysmal cough of any duration
- b. Cough with inspiratory 'whoop' and/or
- c. Cough ending in vomiting or gagging, or associated with apnea

is a PROBABLE CASE. Perform NP swab⁵ and manage as a PROBABLE CASE

Manage as Probable Case (see reverse side)

Collect NP Swab⁵ (sensitivity of NP swab diminishes after 3 weeks of cough) and recommend:

- Respiratory hygiene
- Avoidance of vulnerable individuals
- Avoidance of social gatherings (including school, work)

Until diagnosis confirmed and/or 5 days after start of antibiotics or, if untreated, until after 21 days of cough due to pertussis

- Determine pertussis immunization history and offer vaccine if indicated
- Provide information on pertussis including signs and symptoms

Asymptomatic

- Provide information on pertussis including signs and symptoms
- Advise to monitor for onset of symptoms during 21 day incubation period and seek care if symptoms develop
- Determine pertussis immunization history and offer vaccine if indicated
- Contacts who develop symptoms should be assessed as above

Assess for Post Exposure Prophylaxis²

Offer PEP if:

- Household contact; OR
- Contact is vulnerable³ to severe outcome; OR
- Lives with or routinely in contact with a vulnerable individual³ (e.g. health care worker who sees pregnant women, daycare worker providing care for infants, etc)