**Assessment**

- **Assess:**
  - symptoms
  - *initial catarhal 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 Swab
  - 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:
  - Cough lasting at least two weeks or longer
  - Paroxysmal cough of any duration
  - Cough with inspiratory ‘whoop’ and/or
  - Cough ending in vomiting, 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:
  - Cough lasting at least two weeks or longer
  - Paroxysmal cough of any duration
  - Cough with inspiratory ‘whoop’
  - Cough ending in vomiting, gagging, or associated with apnea

**Probable Case**

- Probable case in contacts:
  - 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:
    - Paroxysmal cough of any duration
    - Cough with inspiratory ‘whoop’ and/or
    - 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 above]
- 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/28b7c03e-f2e1-4b61-b1c2-e2c8b2522a/resource/38b12918-8318-45dd-b1d8-d325407a121d/download/guidelines-pertussis-2019-02.pdf

January 2020
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

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

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 swab1 and manage as a PROBABLE CASE

Atypical symptoms of pertussis (e.g. respiratory symptoms that are not consistent with CONFIRMED or PROBABLE case criteria)

Assess for Post Exposure Prophylaxis
- Offer PEP if:
  • Household contact; OR
  • Contact is vulnerable1 to severe outcome; OR
  • Lives with or routinely in contact with a vulnerable individual1 (e.g. health care worker who sees pregnant women, daycare worker providing care for infants, etc)

PEP is unlikely to benefit if given greater than 45 days after exposure. Refer to AHS Bugs and Drugs or Alberta Health Management Guidelines for Pertussis** for prophylaxis medications and dosing.

Communicable 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.

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

** Available at: https://open.alexia.ca/fi Otori/288/f02e/f242/f28522e/resource/e8b12918-8118 -45d4-81d8-d325407a121d/download/guidelines-pertussis-2019-02.pdf

January 2020

Conduct Contact Investigation for Communicable Period of the Case

Assess for Symptoms of Pertussis and Identify Probable or Confirmed Cases

Public Health Management

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.

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)

Manage as Confirmed Case (see reverse side)

Manage as Probable Case (see reverse side)

Collect NP Swab2 (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

Assess for Post Exposure Prophylaxis2

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

PEP 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.

Evaluate and offer PEP to household contacts and consider PEP in
- Housesholds with infants ≤6 months
- Settings where the Index Case is known to have interacted with an infant ≤6 months

** Communicable 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.

1PEP 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.

2Vulnerable people include: immunocompromised OR infant ≤1 year of age OR pregnant in third trimester (due to risk of transmission to newborn)

3Inform prenatal health care provider (HCP) and consider PEP in collaboration with OOPH and prenatal HCP.

4Regan-Lowe Transport Medium

5See 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.