

Healthcare Provider Memo

Local Case of Pertussis

Grey Bruce Public Health has received a report of a confirmed case of Pertussis (whooping cough) in an unimmunized child who recently returned from travel out of the country.

This case is located in southeastern Grey County with connections to the Old Colony Mennonite community, with potential exposures occurring at Old Colony Mennonite Church in Alma, Wellington County. Grey Bruce Public Health is working with Wellington-Dufferin-Guelph Public Health to notify other attendees of the church.

General Information

Pertussis is a contagious respiratory illness of the lungs and airways, caused by the bacteria *bordetella pertussis*. Pertussis spreads easily from person to person through droplet transmission from coughs and sneezes.

Cases of Pertussis are most contagious in the first two weeks after coughing starts and until 5 days after initiation of appropriate antibiotic treatment. The very young (children < 1-year-old) and pregnant women in the last 3 months of pregnancy are most at risk. Children under 1 year of age are at risk of serious complications that can require hospitalization and can sometimes be fatal. Pregnant mothers are at risk of passing the infection to their child.

Prevention

Vaccination is the best prevention against Pertussis. Healthcare providers are reminded of the importance of keeping patients up to date with routine vaccinations, including Pertussis – both the childhood series and booster doses for adults. Those unimmunized, especially in settings where there is a risk of potential exposure, or with upcoming travel plans, should be encouraged to receive the vaccination as soon as possible.

In April 2022, the Province expanded Ontario's publicly funded immunization program to include pregnant individuals being eligible to receive during each pregnancy one dose of the tetanus, diphtheria, acellular pertussis (Tdap) vaccine. The program expansion aligns with the National Advisory Committee on Immunization's (NACI) recommendation that all pregnant individuals be offered the Tdap vaccine, regardless of their Tdap immunization history, to help protect themselves and their newborns against pertussis. The Tdap vaccine should be routinely offered to all pregnant individuals in every pregnancy between 27-32 weeks, irrespective of immunization history.

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Post-Exposure Chemoprophylaxis for Contacts at Highest Risk

Chemoprophylaxis of known contacts is recommended for household contacts or contacts where there was close, face-to-face, or shared confined airspace in the following:

- Infants < 1-year-old, regardless of vaccination status;
- Pregnant women in the third trimester.

Antibiotics such as *Azithromycin* and *Erythromycin* may prevent or moderate clinical Pertussis when given in the incubation period or the early catarrhal stage. Chemoprophylaxis should be initiated as soon as possible after exposure.

For additional information on Chemoprophylaxis, please see the [Ministry of Health Disease Specific Information – Pertussis](#).

Immuno-prophylaxis

Recommended for susceptible adults and children, and all pregnant women > 26 weeks GA.

Testing

Please see Public Health Ontario's Test Information Index for [Bordetella-Respiratory](#) for additional information on testing.

Pertussis is a Disease of Public Health Significance and is reportable to Public Health. Please do not hesitate to contact us with any additional questions.

Infection Prevention & Control

- Provide education to the public about the risk of pertussis infection to infants.
- Educate the public about respiratory etiquette, coughing into tissues and sleeves and about proper hand hygiene.
- The most effective control of transmission of pertussis in hospital settings includes isolation using droplet precautions.

Infectious Diseases Team

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