



February 2, 2017

Attention: Contacts to Pertussis (Whooping Cough),

You may have been in contact with a person with a respiratory infection with a bacterium (germ) called *Bordatella Pertussis*. This germ causes whooping cough.

Please review your records and check your immunizations are up to date. If you are not immunized or are unable to remember when your last pertussis vaccine was, please call the Public Health Office at (306) 691-1500 to have your records confirmed and make arrangements for vaccination as soon as possible.

If you are a contact to Pertussis (Whooping Cough) and you develop any respiratory (cold-like) symptoms that may include a cough, runny nose or fever within the next 2-3 weeks, please see your medical care provider **as soon as possible** and **take this letter with you**. It is important that you call your doctor's office before you go and let them know you may be ill with whooping cough, and will be coming to the office, so they can take precautionary measures.

Even when you are fully immunized, it may be important to take antibiotics as soon as possible to keep from spreading the disease to those around you who are susceptible. Those most vulnerable to pertussis are children less than 1 year of age, pregnant women in their third trimester, and anyone unvaccinated or immune compromised. If you are on antibiotics you may be advised to stay home for 5 days to allow the antibiotics to keep you from spreading the disease to others. The other important thing to do is continue hand washing and covering your cough to limit the spread of the germs.

Please take time to review the attached information sheet. If you have any further questions, please call the Public Health Office at Moose Jaw (306)691-1500, Assiniboia (306)642-2200, Gravelbourg (306)648-1400.

Attention Attending Physician: Chemoprophylaxis

The Canadian Pertussis Consensus Conference concluded that the three drugs – erythromycin, azithromycin and clarithromycin are equivalent for the treatment and prophylaxis of pertussis. Canada now recommends only 7 days of erythromycin versus the 10 days recommended in the U.S.

Recommended Dosages:

Azithromycin:

1. Children <6 months: 10 mg/kg/daily x 5 days.

Children ≥ 6 months: 10 mg/kg stat, then 5 mg/kg once daily po x next 4 day (5 days total).

2. Adults: 500 mg stat, then 250 mg daily po x next 4 days (5 days total).

Clarithromycin:

1. Children: 15 mg/kg/day divided bid po x 7 days.

2. Adults: 250-500 mg bid po x 7 days.

Erythromycin:

1. Children: Erythromycin estolate: 40 mg/kg/day divided tid po x 7 days.

The estolate is a liquid preparation, and thus usually only used for children, or adults/seniors with swallowing difficulties.

2. Adults: Erythromycin: 250 mg qid po x 7 days.

In severe cases, 2 g daily in divided doses can be considered.

For those who are allergic to macrolides, trimethoprim 8 mg/kg/day-sulfamethoxazole 40mg/kg/day for 10 days may be used although its efficacy is not proven. Azithromycin and clarithromycin appear to be safe in pregnancy, however the data is limited with these agents. Infants <2months of age on macrolide antibiotics should be monitored for symptoms and signs of pyloric stenosis.

If you have any questions or concerns, please contact the Communicable Disease Public Health Nurse.

Sincerely yours,



Dr. M Vooght
Medical Health Officer
Five Hills Health Region