



September 24, 2002

ATTN: Medical Health Officers and Branch Offices  
Public Health Nursing Administrators and Assistant Administrators  
Holders of Communicable Disease Control Manuals

**Re: Revised Pertussis Control Policy**

Please note the following changes:

**(1) Page 1, Section 1.0 “Goal:”**

- Addition of another goal “Consideration of non-publicly-funded adolescent or adult immunization on an individual basis.” This is in accordance with information in the 2002 Canadian Immunization Guide.

**(2) Page 1, Table 1 “Pertussis Surveillance Case Definitions:”**

- A positive polymerase chain reaction (PCR) assay for *B. pertussis* can be used for the reporting of a case of pertussis via PHIS.
- Revised case definitions, in accordance with the revised national surveillance case definitions:
  - definition for a clinical case has been revised
  - the term “probable case” is now used for what was previously defined as a “clinical case”
- Please note that confirmed and probable pertussis cases continue to be reportable in BC, whereas nationally, only confirmed cases are reported.

**(3) Page 2, Sections 2.2 – 2.6 “Definitions:”**

- Definitions have been added for infectious period, incubation period, pertussis contact, significant exposure, and paroxysmal cough.

**(4) Page 3, Section 3.3 “Recommend Treatment:”**

- There is no longer a time limit for the initiation of antimicrobial therapy after the onset of symptoms in cases of pertussis that **remain** culture or PCR positive. While cases generally become non-infectious 3 weeks after the onset of symptoms, the infectious period may be prolonged for some individuals.

**(5) Page 4, Section 3.3 "Recommend Treatment (cont'd):**

- Information has been added about the possible association between oral erythromycin and infantile hypertrophic pyloric stenosis in infants younger than 6 weeks of age.

**(6) Page 5, Table 2: Treatment of Pertussis AND Chemoprophylaxis of Pertussis Contacts:**

- Azithromycin and Clarithromycin have been added as agents for the treatment and chemoprophylaxis of pertussis
- The length of a course of Erythromycin has been shortened from 10 days to 7 days
- The respective dosages for Erythromycin, Azithromycin, and Clarithromycin are the same for **both** treatment and chemoprophylaxis
- Trimethoprim-sulfamethoxazole remains as an alternative agent
- Information pertaining to contraindications and side effects has been added.

**(7) Page 6, Section 3.4 “Exclusion of Cases:”**

- Recommendations for the exclusion of cases have been deleted. The exclusion of cases from any setting is at the discretion of the Medical Health Officer. The rationale for the change in recommendation is as follows: the most infectious period extends from 1 or 2 weeks before the onset of the cough, so that in group settings, most of the spread has occurred before the case seeks medical attention and public health is notified. Exclusion from group settings is then unlikely to curb further spread.

**(8) Page 6, Section 3.5 “Immunization of Lab Confirmed Cases:”**

- It is recommended that infants and children who have recovered from lab confirmed pertussis complete their pertussis immunization, as natural immunity does not confer life-long immunity.

**(9) Page 7, Section 4.1 “Identify Contacts:”**

- Emphasis is on the identification of high-risk contacts for the receipt of chemoprophylaxis. That is, infants < 1 year of age and pregnant women in the 3<sup>rd</sup> trimester.
- Other contacts to be identified that are recommended to receive chemoprophylaxis include:
  - All household contacts IF there is an infant < 1 year of age or a pregnant woman in the 3<sup>rd</sup> trimester in the household
  - All those in a family or group daycare IF there is an infant < 1 year of age or a pregnant woman in the 3<sup>rd</sup> trimester in the family or group daycare
  - Other contacts at the discretion of the Medical Health Officer (e.g. staff working with neonates, unimmunized contacts, pregnant women at other stages of pregnancy).

**(10) Page 8, Section 4.2 “Chemoprophylaxis:”**

- Recommendations for chemoprophylaxis have been curtailed as there is limited evidence that chemoprophylaxis is of benefit. Its use is now limited to those most at risk of severe pertussis disease or its complications.

**(11) Page 10, Section 4.7 “Exclusion of Contacts:”**

- Recommendations for the exclusion of contacts have been deleted. Exclusion of contacts from any setting is not indicated.

**(12) Page 10, Section 4.9 “Notification and Early Treatment of Contacts:”**

- This is a new section, in accordance with recommendations from the May 2002 National Consensus Conference on Pertussis.

**(13) Page 11, Section 5.0 “Outbreak Management:”**

- Deleted information pertaining to the use of “intermediate criteria” for the implementation of public health strategies. These criteria were previously specified to achieve a higher degree of certainty than the suspect case definition, but were less restrictive than the confirmed or probable case definitions.

**(14) New forms – HLTH 2375 “Pertussis Case Follow-up, and HLTH 2376 “Pertussis Contact Management.**

**(15) Revised information sheet “Recommended Preventive Treatment of Contacts to Cases of Pertusis (Whooping Cough).” (HLTH 2383).**

(16) New prescription forms for Azithromycin and Clarithromycin, and a revised prescription form for Erythromycin.

(17) Appendices A and B - samples of letters which can be used for the purpose of notification and early treatment of pertussis contacts not recommended to receive chemoprophylaxis.

Please remove and destroy the following pages from the Communicable Disease Control Manual:

Pertussis Control:

Pages 1 - 4, and 7

Dated September 1995

Pages 5, 6, 8, 9, 10, 11, 12

Dated February 1996

Prescription for Chemoprophylaxis  
Following Exposure to Pertussis Disease  
(HLTH 2376, HLTH 2377, HLTH 2378,  
HLTH 2379)

Dated September 1995

Please remove and destroy the following pages from the Communicable Disease Control Manual:

Pertussis Control:

Recommended Preventive Treatment of  
Pertussis (Whooping Cough) Contacts  
(HLTH 2380)

Dated September 1995

Insert the following replacement pages in the Communicable Disease Control Manual:

Pertussis Control:

Pages 1 -12

Appendix A Page 1

Appendix B Pages 1, 2, & 3

Dated September 2002

Pertussis Case Follow-Up  
(HLTH 2375)

Dated September 2002

Pertussis Contact Management  
(HLTH 2376)

Dated September 2002

Prescription for Chemoprophylaxis  
Following Exposure to Pertussis Disease  
(HLTH 2377, HLTH 2378, HLTH 2379,  
HLTH 2380, HLTH 2381)

Dated September 2002

Recommended Preventive Treatment of  
Contacts to Cases of Pertussis  
(Whooping Cough) HLTH 2383

Dated September 2002

The HLTH forms are to be downloaded from the BC Centre for Disease Control website: [www.bccdc.org](http://www.bccdc.org)

If you have any questions or concerns, please contact Karen Pielak, Nurse Epidemiologist, Epidemiology Services, BCCDC at telephone (604) 660-6061, fax (604) 660-0197 or e-mail [karen.pielak@bccdc.ca](mailto:karen.pielak@bccdc.ca)

Sincerely,

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