

May 2, 2012

**To:** Physicians in New Brunswick

**Subject:** Pertussis outbreak update and public health measures

Dear colleagues:

This is to update you on the pertussis outbreak in New Brunswick. As of May 1, 387 cases of pertussis have been reported to Public Health.

The majority of the cases are concentrated in the Saint John (21% of the cases) Health Region (RHA<sup>1</sup> zone 2) and Moncton (55% of the cases) Health Region (RHA zone 1).

Most cases are seen in the 10-14 year age group (47% of the cases); followed by cases in the 20+ age group (19% of the cases); cases in the 5-9 year old age group (17% of the cases); cases in the 15-19 year old age group (7% of the cases); cases in the 1-4 year old age group (5% of the cases) and cases under 1 year of age (4% of the cases). Immunization is the best available intervention to protect against this disease.

In order to reduce the current rate of spread of pertussis in our province and control the outbreak, the Office of the Chief Medical Officer of Health (OCMOH), will carry out a school-based immunization campaign with Tdap vaccine for students in grades 6, 7 and 8 in RHA zone 1 and RHA zone 2 this spring, prior to the end of the academic year. Students in other RHA zones will be offered immunization in the 2012 – 2013 school year.

School-based delivery by Public Health staff will allow for evaluation of this intervention and the capture of vaccine coverage statistics in this age group. If you provide immunization to grade 6, 7 and 8 students outside of the school-based delivery process, please notify the Regional Public Health Office.

Clinicians are requested to maintain a high index of suspicion for pertussis diagnosis and to consider pertussis infection in any patient presenting with compatible symptoms. Pertussis is a reportable disease under the Public Health Act in New Brunswick. Please report all suspected cases of pertussis to the Regional Medical Officers of Health verbally within 24 hours and in writing within 7 days.

All patients presenting with compatible history and symptoms for pertussis should be tested, as this is important for confirmation of disease, surveillance and public health management.

It is not necessary to wait for laboratory confirmation to report a suspected case. Please ensure timely reporting to Regional Medical Officers of Health to enable local Public Health staff to perform contact tracing and determine who requires chemoprophylaxis.

<sup>1</sup> Regional Health Authority

In New Brunswick, antibiotic chemoprophylaxis is generally recommended for all close contacts *where there is a vulnerable person present among those close contacts*. A vulnerable person is usually an infant less than 1 year of age regardless of vaccination or a pregnant woman in the third trimester of pregnancy. If you are considering prophylaxis of close contacts of a case, please discuss this with your Regional Medical Officer of Health.

Antibiotics should be administered as soon as possible after onset of illness in patients with suspected pertussis to eradicate the organism and limit ongoing transmission. Antimicrobial agents administered during the catarrhal stage may also ameliorate the disease. Azithromycin, erythromycin and clarithromycin are appropriate first line agents for treatment and chemoprophylaxis of pertussis.

For specifics on diagnosis, testing, notification, treatment and prophylaxis please refer to the OCMOH website ([http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for\\_healthprofessionals/cdc.html](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html))

For more information, please contact your regional Public Health office. Thank you very much for your assistance in controlling this disease of public health importance.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Doroshenko', written in a cursive style.

Alexander Doroshenko, MD, MPH, FFPH(UK), FRCPC  
Provincial Medical Officer of Health