

# Pertussis (Whooping Cough) Lessons Learned and Tips for Outbreaks

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# Outline

- Brief Review on Pertussis
- Key Lessons Learned
- Tips and Tricks for when outbreaks happen in your community

# Review on Pertussis

- 2 teams of 2 please!
- Time keeper
- “Judge”- who rang in first?
- 10 seconds each for answer once question posed
- Each team gets one “phone a friend” in the audience (10 s for friend to answer asked question)
- The team with the most points at end wins-if tied, 1 “sudden death” question
- Fabulous prizes!!!!

## Pertussis Review-Quiz Questions

- A) What is the most effective way to prevent pertussis?
- B) Name 3 ways the cough associated with pertussis may be distinctive?
- C) Which two groups are the most vulnerable to complications from pertussis?
- D) Does a confirmed case of pertussis need to have a positive lab test? (yes or no)
- E) Is excluding sick people from work or school a very effective, way to prevent pertussis? (yes or no)
- F) How long after someone becomes ill are they still infectious? (2 possible answers)
- G) Name at least one way someone would be defined as a close contact pertussis exposures?

## **Pertussis Review-Quiz Questions**

- H) What are some of the symptoms more consistent with early pertussis? (list at least 2)
- I) What are some of the symptoms more consistent with later pertussis? (at least one)
- J) How long can someone still be coughing after pertussis?
- K) Name two groups who should definitely get antibiotics after close contact with a case of pertussis
- L) When in the illness are people most infectious from pertussis?
- M) How long can someone incubate pertussis before showing symptoms?

## **Pertussis Review-Key Take Aways**

- Vulnerable people are the priority for clinical and public health response (children under 1 year and pregnant women last trimester)
- Immunization is the most effective means of control
- Cases can be confirmed even without a lab test based on symptoms and epidemiology
- Prophylaxis is not for everyone, just specific groups either vulnerable, or in a close setting with the vulnerable, or health care workers (see guidelines)
- Exclusion is not for everyone-focus on those who frequent environments close with vulnerable people (see guidelines)

## **Key Lessons Learned**

We have had two pertussis outbreaks on reserve since February 2017. There is province wide increased incidence and increased morbidity/mortality in infants. Next six months, province wide there is enhanced immunization in last trimester for pregnant women.

- Time consuming and complex to do the public health follow up.
- Clear guidelines on whom to do follow up on
- Tools for organizing data collection
- “Kits”-form letters, algorithms, prescription template, checklists
- Communication-engagement and support of the front line staff
- Coordination across health units

## **Key Lessons Learned**

- Communication with Health Directors/Chief and Council
- Communication with Family Physicians/Primary Care
- Access issues to primary care
- “Outbreak fatigue”
- Declaring an Outbreak/Special Measures
- Relief for Front Line Staff/HR Considerations of an Outbreak



## Tips and Tricks when Pertussis Hits

- Consider extra HR help early
- Speak to CD team early-tools/letters to parents/algorithms to support
- Prophylaxis can be difficult across systems, in an emergency MHO can help.
- Transportation challenges for clients to care-speak with CD team, NIHB can be helpful
- MHO can communicate with receiving medical clinic to smoothen reception of clients
- Occasionally clients, especially newborns, are not in the system for NIHB yet for medication access. Speak with CD team, can work with NIHB to expedite availability.
- Special nursing efforts to address low immunization coverage in some communities (examples)
- Vaccination up to date across all age groups, including Tdap boosters for adults. About 50% of cases in teens/adults.

# Thank you!

- Comments
- Questions
- Personal experiences
- or Observations about pertussis from the group