

May 2, 2025

Hay Lakes School

Subject: Pertussis (Whooping Cough)

Dear Parents and Staff of the Hay Lakes School:

Students and staff of the Hay Lakes School may have been exposed to a case of pertussis and could be at risk of infection. Potential exposures occurred April 14 to 28, 2025.

You are considered “exposed” to pertussis if you:

- spent one or more hours in a confined indoor space with a case
- had direct contact with fluids from the case’s nose, mouth, or lungs (for example, directly coughed or sneezed on)

Recommended Action

If you have cold symptoms or a cough within one month of your last exposure, then you should see a doctor or nurse-practitioner to check if testing or treatment is needed.

- Tell the clinic office of your exposure to pertussis and symptoms before arriving so they can limit spread to other people, and bring the enclosed physician letter.

If you *do not have* symptoms and it is 21 days or less from your last exposure and you

- have a baby less than one year old in your family; or
 - are in your last trimester (three months) of pregnancy; or
 - routinely spend time at home, work, or other places where you could spread pertussis to a woman in her last trimester or a baby less than a year old,
- then you may qualify for antibiotics to prevent infection. Please call 811 Health Link.

Symptoms

Pertussis is caused by bacteria. Most people with pertussis get sick 7 to 10 days after exposure, but sometimes it can take as long as 21 days.

Pertussis usually begins as a runny nose, and after a few days to a week, a cough may develop. The cough gets worse, and the person may cough without being able to stop to take a breath. At the end of a coughing spell, the person may vomit or gag. Sometimes there is a whoop sound after a breath is taken. Pertussis can sometimes cause pneumonia; babies less than one year of age can also be at risk for seizures, brain injury, and death.

Preventing the spread of Pertussis

Although up-to-date immunization is the best way of preventing against pertussis, it is not 100% effective; antibiotics are sometimes used after exposure to prevent infection. People with pertussis should be treated with antibiotics early in the illness to decrease spread to others and to reduce symptoms.

Pertussis Immunization

Routine pertussis vaccine (immunization) is recommended for:

- children at 2, 4, 6, 18 months and 4 years of age, and in grade 9
- pregnant women at 27 weeks or later (each pregnancy)
- adults every 10 years

Getting the vaccine after being exposed to pertussis will not prevent infection, but will provide protection against future exposures. For people who get pertussis, immunization after recovery is recommended to provide future protection.

- To view your immunization records online, use your [MyHealth Records](#) account. If you don't have a MyHealth Records account, you can register for one if you are 14 years old and older.

You can have your immunization status assessed and get your records by contacting an Alberta Health Services [Community Health Centre \(Public Health Unit\)](#). Additional information about pertussis is available by texting 'Whooping Cough' to 88111, or visiting www.ahs.ca/topics/page15430.aspx or ahs.ca/immunize.

Communicable Disease Control

Enclosures

May 1, 2025

Dear Physician/Nurse Practitioner:

This person may be a contact of a *Bordetella pertussis* case occurring in the Hay Lakes School. Contact exposure criteria in this type of setting include presence with the case in a confined indoor space for one or more hours, or direct contact with respiratory secretions or saliva (including being sneezed or coughed on). Exposure(s) occurred April 14 to 28, 2025. A letter sent to Students and Staff also included this physician letter, to be brought to you if signs and symptoms develop which are consistent with pertussis:

- Students and staff of the Hay Lakes School with cough which lasts 2 or more weeks, or is paroxysmal, or which ends in vomiting/ inspiratory whoop/ apnea meet the definition of a confirmed case. Swabbing is not required; treat and notify CDC to facilitate Contact follow-up. Although antibiotics may have little effect on the clinical course once symptoms are established, their use can hasten clearance of the organism and limit spread of the disease. Antibiotic treatment and prophylaxis (PEP) recommendations are in the enclosed appendix.
- Individuals with other upper respiratory symptoms, who may be in the prodromal phase, or symptomatic persons without this specific exposure should have a nasopharyngeal swab taken and submitted in Regan Lowe Transport Medium (RLTM) or Universal Transport Medium if RLTM is not available or has expired.

Asymptomatic children less than one year of age and pregnant women in the last trimester of pregnancy meeting contact exposure criteria (vulnerable contacts), as well as asymptomatic contacts who live/work/have ongoing close proximity with vulnerable persons (high-risk contacts) may benefit from prophylactic antibiotics started within twenty-one days of the last exposure.

To obtain guidance on case or contact management, email or phone the AHS Communicable Disease Control Contact Centre:

- 08:30 to 16:00 weekdays: 1-855-444-2324
- email provincialcdcintake@ahs.ca.

Further information on the management of pertussis cases and contacts is available at *Alberta Public Health Disease Management Guidelines: Pertussis*.

[\[https://open.alberta.ca/publications/pertussis\]](https://open.alberta.ca/publications/pertussis)

Your assistance in pertussis treatment and prophylaxis is appreciated.

Enclosure

Appendix 1: Recommended Antibiotics for Treatment and PEP

Antibiotic	Dosage	Comments
Azithromycin	Infants < 6 months: 10 mg/kg/day as a single dose orally daily for 5 days Infants ≥ 6 months to Children < 12 years: <i>Day 1:</i> 10 mg/kg/day as a single dose orally (maximum 500 mg/day) <i>Day 2–5:</i> 5 mg/kg/day as a single dose orally (maximum 250 mg/day) Children ≥ 12 years and adults: <i>Day 1:</i> 500 mg/day as a single dose orally <i>Day 2–5:</i> 250 mg/day as a single dose orally	First Line
Clarithromycin	Infant ≥ 1 month to Children < 12 years: 15 mg/kg/day in 2 divided doses orally for 7 days (maximum 1g/day) Children ≥ 12 years and adults: 500 mg BID orally/day for 7 days	Second Line Not recommended for infants aged <1 month and in pregnancy
Erythromycin	Adults: 2000 mg/day divided into 4 doses orally for 7 days	Third Line For adult use ONLY. <i>* Erythromycin estolate (liquid/oral suspension) for pediatric population is not available in Canada as of spring 2017</i>
Trimethoprim-Sulfamethoxazole (TMP-SMX)	Infants ≥ 2 months to Children <12 years: 8 mg/kg/day (TMP) and 40 mg/kg/day (SMX) divided into 2 doses orally for 14 days Children ≥ 12 years and adults: 320 mg/day (TMP) and 1600 mg/day (SMX) divided into 2 doses orally for 14 days	Alternate – used only if above drugs are contraindicated. Cannot be used for children under the age of 2 months, in pregnancy or during lactation

Public Health Disease Management Guideline, Pertussis, September 2021