

# NUNAVIK PUBLIC HEALTH NEWSLETTER

## Note - small change!

You may have noticed that this communication no longer goes by the same name. Moving forward, various publications, for example Info-MADO, Call for vigilance (*Appel à la vigilance*), Notice for clinicians (*Avis aux cliniciens*) and Info-vaccin (*Info-Vaccin*), will be grouped together under the one publication, **NUNAVIK PUBLIC HEALTH NEWSLETTER**.

## CALL FOR VIGILANCE Cases of whooping cough (pertussis) in Nunavik Update

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### **Background:**

*Bordetella pertussis*, the bacteria that causes whooping cough, is still active in Québec. As at October 9, 2024, and this since the beginning of the year, 16,130 cases were reported, compared to a yearly provincial average of between 240 and 1,600 reported cases.

In Nunavik, 18 cases were reported between August 1<sup>st</sup> and October 11, 2024, and this in 5 villages, mostly on the Hudson Coast (4/5). Increasingly sustained transmission of the disease has been observed since the month of September; it should also be noted that all age groups are affected.

### **Key facts about whooping cough:**

**Transmission mode:** The bacteria are transmitted by respiratory secretions or droplets from infected persons.

**Incubation:** Generally varies between 5 and 10 days, but can be as long as 21 days.

**Contagiousness:** This period begins around 1 to 2 weeks before the appearance of coughing (during the catarrhal phase) and lasts until around 5 days after the onset of antibiotic therapy or until the person is no longer coughing. If there is no antibiotic therapy given, the infectious period can persist for up to 3 weeks after the onset of coughing.

### **Clinical presentation:**

Pertussis progresses in 3 phases and lasts on average from 6 to 10 weeks.

- The **catarrhal phase**, which lasts about 1 or 2 weeks, and is characterized by general symptoms such as dizziness/malaise, anorexia, rhinorrhea (thin nasal discharge/runny nose), teary eyes and a dry cough.
- The **paroxysmal phase**, which can last anywhere from 1 to 6 weeks and is characterized by coughing which can manifest itself in different ways depending on the age and vaccination status of the person having contracted the disease: • paroxysmal cough • cough with inspiratory whooping sound • cough ending by vomiting, nausea, apnea or cyanosis.
- The **convalescence phase**, which lasts between 2 to 6 weeks or sometimes longer, and is characterized by the progressive resolution of the symptoms.
- **Complications:** Babies under 1 year old are at higher risk of complications following whooping cough. The majority of infected children under 6 months are hospitalized. However, it is children under 3 months who experience the most serious complications. They account for nearly half of all hospitalizations, the majority of admissions to intensive care, and almost all deaths due to whooping cough. Nonetheless, deaths remain rare.

**Diagnosis:**

The diagnosis should be considered in anyone with a cough lasting more than 2 weeks without an obvious cause and with at least one of the following characteristics: paroxysmal cough (fits), whooping sound, or cough leading to vomiting. The diagnosis is confirmed by nasopharyngeal PCR.

**Treatment:**

Antibiotic treatment is recommended for pertussis, unless the cough has been present for more than 3 weeks. The antibiotics used to treat pertussis are the same as those recommended for antibiotic prophylaxis, with identical dosages and duration of administration. Although they have little effect on the clinical course once the cough is established, antibiotics accelerate the elimination of the micro-organism and limit the spread of the disease.

**Prevention:**

Having the disease does not provide long-term immunity. However, getting vaccinated against whooping cough can offer protection from the disease or significantly diminish the associated complications and the severity of the symptoms. Vaccination of pregnant women prevents around 90% of hospitalizations and 95% of deaths related to whooping cough among infants aged less than 3 months.

Vaccination is the best protection against whooping cough. Three initial doses are generally administered, when an infant is 2, 4 and 12 months. This is followed by a booster shot when the child is between 4 and 6 years of age. A booster dose is also recommended for pregnant women, between weeks 26 and 32, and this for each pregnancy.

**What is expected of clinicians:**

- Take a sample for every suspected cases, even if the cough presented recently.
- Quickly report all cases to Department of Public Health (DPH), including highly suspected cases (without waiting for a microbiological confirmation).
- Assess close contacts who are symptomatic.
- Exclude the case from daycare during de contagious period.
- If the case attends primary or secondary school, recommend wearing a mask during contagious period.
- Promote overall hygiene, respiratory etiquette and hand hygiene.
- Seize every opportunity to update pertussis vaccination in line with PIQ recommendations, for both children and pregnant women.

**Public Health interventions:**

Public Health interventions have the primary objective of protecting infants under one year of age, as they are more at risk in terms of complications.

An epidemiological investigation is initiated for every case and includes, among other things, seeking out close contacts at risk of developing complications. An antibiotic prophylaxis could be offered.

**Any case of pertussis must be reported to the DPH as instructed below:**

- Fill out the form AS-770 and send it:
  - by email at [mado-declarations.rr17@ssss.gouv.qc.ca](mailto:mado-declarations.rr17@ssss.gouv.qc.ca) OR
  - by fax at 1-866-867-8026;
- During evenings, weekends, and holidays, the declaration must also be made by phone to the DPH on-call doctor for Infectious Diseases at 1-855-964-2244 or 1-819-299-2990.

***These contact details are reserved for healthcare professionals and should not be shared with the public.***