

# COMMUNICABLE DISEASE REPORT Quarterly Report

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## Pertussis in Newfoundland and Labrador

#### Cases

Since the introduction of a booster dose of immunization for students in the 9<sup>th</sup> grade in 1999, infections of pertussis have dramatically decreased (Figure 1). One exception is an outbreak of pertussis that occurred in Eastern Health (EH) in 2003. Furthermore, there were 20 cases in 2013.

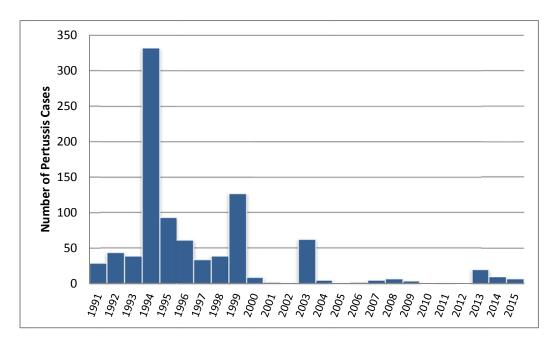


Figure 1: Number pertussis cases in Newfoundland and Labrador, 1991-2015

Overall, since 1991, the rate of pertussis cases has declined nationally (Figure 2). Notably, the rate for Newfoundland and Labrador was lower than the national rate for all but three years since 1991 (1994, 1999 and 2003).

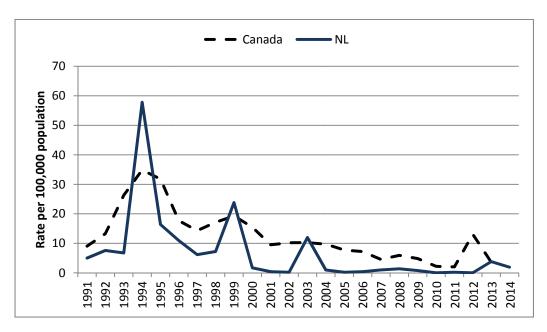
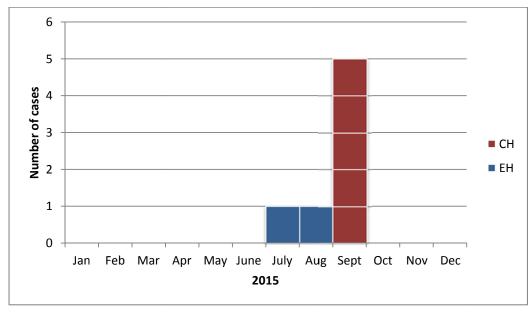


Figure 2: Rate of pertussis cases per 100, 000 population, Newfoundland and Labrador and Canada, 1991-2014

In 2015 to date, there have been seven cases of pertussis in Newfoundland and Labrador. Five cases were 40 years of age or older; two cases were three months of age or younger. Four of the cases were female.

Five of the cases were reported in Central Health, all of these cases were linked (Figure 3). One case was laboratory-confirmed and four cases were epidemiologically linked to this case. The remaining two cases were reported in Eastern Health. There have been no epidemiologically linked cases reported to date in Eastern Health.



Note: Laboratory-confirmed cases are reported based on specimen collection date. Epidemiologically linked cases are reported based on date of index case.

Figure 3: Number pertussis cases by Regional Health Authority, 2015

### **Immunization**

Pertussis vaccination is part of the Newfoundland and Labrador Immunization Program. Children complete a primary series with DTaP/IPV/Hib (Diphtheria, Tetanus, acellular Pertussis/Polio/*Haemophilus influenzea* type B) beginning at two months of age (Figure 4) with a booster at Kindergarten entrance (Figure 5).

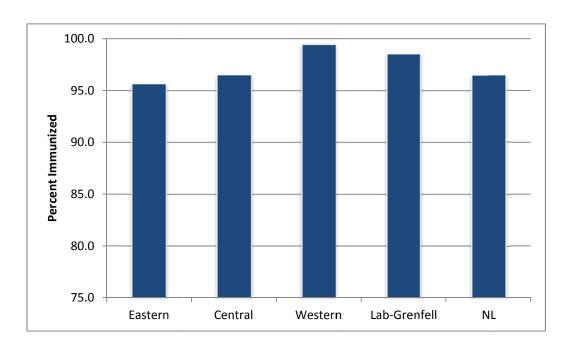


Figure 4: Immunization Coverage Rates for Primary Series (DTaP/IPV/Hib 4 dose), 2 year olds, 2014-2015

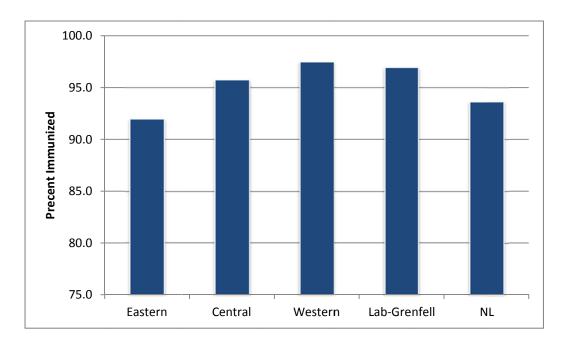


Figure 5: Immunization Coverage Rates for Booster Dose (DaPT-IPV), Kindergarten Entrants, 2014-2015

In adolescence and adulthood the following is recommended:

- Children in Grade 9, at age 14 16 years. This vaccine was changed from TdPolio (Tetanus, Diphtheria, Polio) to Tdap (Tetanus, Diphtheria, acellular Pertussis) in the fall of 1999 for people born in 1985 (Figure 6).
- o Adults one dose of Tdap if never received previously in adolescence.
- Adult dose of Tdap ten years after adolescent booster, Td to be administered every ten years thereafter.
- Health care workers
- Tdap may be used in control of outbreaks of pertussis upon advice of the MOH or designate.

For more information please visit:

http://www.health.gov.nl.ca/health/publichealth/cdc/health pro info.html#immunization

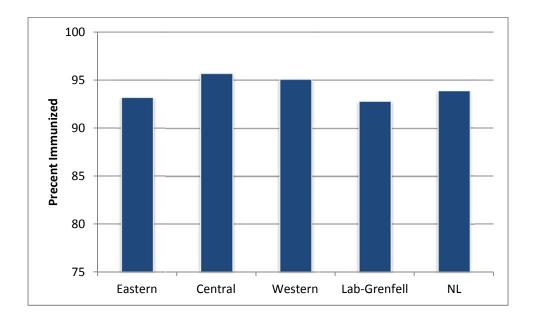


Figure 6: Immunization Coverage Rates for Booster Dose (Tdap), Grade Nine, 2014-2015

#### Newfoundland and Labrador Communicable Disease Surveillance Newfoundland Labrador Monthly Disease Report: September 2015 LABRADOR DISEASE CLASS DISEASE NAME TOTAL **EASTERN** CENTRAL WESTERN GRENFELL YTD 15 YTD 14 Sept YTD 15 YTD 14 Sept YTD 15 YTD 14 YTD 15 YTD 14 Sept YTD 15 YTD 14 Sept Sept Enteric, Food Amoebiasis and Waterborne Botulism Campylobacteriosis Cryptosporidiosis Cyclosporiasis Cytomegalovirus Giardiasis Hepatitis A Listeriosis Norovirus Infection Salmonellosis Shigellosis Typhoid/Paratyphoid Fever Verotoxigenic Escherichia coli Yersiniosis Diseases Creutzfeldt-Jakob Disease (CJD) Transmitted by Group B Streptococcal Disease of Newborn **Direct Contact** and Respiratory Influenza Virus of a Novel Strain Route Influenza A, Laboratory Confirmed Influenza B, Laboratory Confirmed Invasive Group A Streptococcal Disease Invasive Haemophilus Influenza non-type B Invasive Meningococcal Disease (IMD), Conf Invasive Meningococcal Disease (IMD), Prob Invasive Pneumococcal Disease (IPD) Legionellosis Meningitis, Bacterial (other than Hib, IMD or IPD) Meningitis, Viral Nontuberculosis Mycobacterial Disease Severe Respiratory Illness, unknown origin Tuberculosis, non-respiratory Tuberculosis, respiratory Sexually Chlamydia Transmitted and Gonorrhoea Bloodborne Pathogens Hepatitis C HIV Infection Syphilis, infectious Syphilis, non-infectious Vectorborne & Lyme disease Other Zooi Malaria Q Fever Rabies Toxoplasmosis Trichinellosis West Nile Virus Infection Vaccine Chickenpox Preventable Congenital Rubella Syndrome Hepatitis B Invasive Haemophilus Influenza type B (Hib) Measles Mumps Pertussis Rubella Tetanus Source: Communicable Disease Control System, Department of Health and Community Services, Government of New foundland and Labrador Date verified: 3-Dec-2015 Disclaimer: Data are subject to continuous updates; small variations in numbers may occur Note: Prior to January 2011, "Invasive Meningococcal Disease, Probable" was included under the heading "nvasive Meningococcal Disease"

The majority of chickenpox cases meet the probable case 'definition'