Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Pertussis (Whooping Cough)

Revised December 2014
Pertussis (Whooping Cough)

1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Laboratory confirmation of infection: Isolation of *Bordetella pertussis* from an appropriate clinical specimen (e.g., nasopharyngeal swabs)

OR

Detection of *B. pertussis* deoxyribonucleic acid (DNA) by nucleic acid amplification test (NAAT)) from an appropriate clinical specimen (e.g., nasopharyngeal swabs) AND one or more of the following:

- cough lasting 2 weeks or longer
- paroxysmal cough of any duration
- cough with inspiratory "whoop"
- cough ending in vomiting or gagging, or associated with apnea

OR

Epidemiologic link to a laboratory-confirmed case AND one or more of the following for which there is no other known cause:

- paroxysmal cough of any duration
- cough with inspiratory "whoop"
- cough ending in vomiting or gagging, or associated with apnea

3.2 Probable Case

Cough lasting 2 weeks or longer in the absence of appropriate laboratory tests and not epidemiologically linked to a laboratory-confirmed case for which there is no other known cause AND one or more of the following, with no other known cause:

- paroxysmal cough of any duration
- cough with inspiratory "whoop"
- cough ending in vomiting or gagging, or associated with apnea
4.0 Laboratory Evidence

4.1 Laboratory Confirmation
Any of the following will constitute a confirmed case of Pertussis:

- Positive *B. pertussis* culture
- Positive nucleic acid amplification test (NAAT) for *B. pertussis*

4.2 Approved/Validated Tests
- Standard culture for *B. pertussis*
- NAAT for *B. pertussis*

4.3 Indications and Limitations
- NAAT assays for *B. pertussis* are available as either in-house or commercial assays, and are highly sensitive. These assays must be interpreted along with clinical and epidemiological data.
- Detection of *B. pertussis* by culture has a high specificity and a limited/low sensitivity. This may result in under-reporting of cases.

5.0 ICD Code(s)

5.1 ICD-10 Code(s)
A37 Whooping cough (pertussis)

5.2 ICD-9/ICD-9CM Code(s)
033 Whooping cough (pertussis)

6.0 Comments
Laboratory test results should be interpreted in the context of the clinical and epidemiological presentation of the patient.

Laboratory testing, using nasopharyngeal (NP) swabs, should only be performed on patients with appropriate clinical signs and symptoms. The positive predictive value of the NAAT assay is low in cases which do not fit the clinical and epidemiological picture.

Testing asymptomatic persons who are household contacts of a person with pertussis should be avoided as the NAAT assay is very sensitive and will detect very low levels of the target DNA (e.g. including DNA from non-viable bacteria located in the nasopharynx). The positive predictive value of the test will be low in this situation. Therefore asymptomatic close contacts of confirmed cases should not be tested and testing of contacts should not be used for post-exposure prophylaxis decisions.

- Optimal timing for using NAAT assays for the detection of *B. pertussis* is within 3 weeks of cough onset when bacterial DNA is present in the nasopharynx.
- NAAT testing following antibiotic therapy is NOT recommended, as the exact duration of positivity is not well understood.
• There is no benefit in using NAAT as a test of cure after 5 days of antibiotic treatment, as the result may remain positive at this time.

7.0 Sources

http://resources.cpha.ca/immunize.ca/data/105e.pdf

Centers for Disease Control and Prevention. Best practices for health care professionals on the use of Polymerase Chain Reaction (PCR) for diagnosing pertussis. Atlanta, GA: CDC; 2013 [cited 2014 May 14]. Available from:  


8.0 Document History

Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
</tr>
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<tbody>
<tr>
<td>December 2014</td>
<td>General</td>
<td>New template.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acronym for nucleic acid amplification test changed from “NAT” to “NAAT”.</td>
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<tr>
<td></td>
<td></td>
<td>Section 5.0 “Clinical Evidence” removed, subsequent sections re-numbered.</td>
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<tr>
<td></td>
<td></td>
<td>Title of Section 7.0 changed from “References” to “Sources”.</td>
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<tr>
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<td></td>
<td>Section 8.0 Document History added.</td>
</tr>
<tr>
<td>December 2014</td>
<td>3.1 Confirmed Case</td>
<td>Entire section revised.</td>
</tr>
<tr>
<td>December 2014</td>
<td>3.2 Probable Case</td>
<td>Entire section revised.</td>
</tr>
<tr>
<td>December 2014</td>
<td>4.2 Approved/Validated Tests</td>
<td>Third bullet (“B. pertussis antigen test”) removed.</td>
</tr>
<tr>
<td>December 2014</td>
<td>4.3 Indications and Limitations</td>
<td>First bullet re-written to include “as either in-house or commercial assays” and “and epidemiological data”.</td>
</tr>
<tr>
<td>Revision Date</td>
<td>Document Section</td>
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<tr>
<td>December 2014</td>
<td>6.0 Comments</td>
<td>Entire section revised to include new second paragraph.</td>
</tr>
<tr>
<td>December 2014</td>
<td>7.0 Sources</td>
<td>Updated.</td>
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Second bullet re-written to remove “and high specificity”. 