

FACT SHEET for Pertussis (Whooping Cough)

What is pertussis?

Pertussis, also called “whooping cough,” is a very contagious disease caused by bacteria. Pertussis is usually mild in older children and adults, but it often causes serious problems in very young children (i.e., infants less than one year of age).

What are the symptoms of pertussis?

Pertussis symptoms have three stages. The first stage (which lasts one to two weeks) begins like a cold, with a runny nose, sneezing, mild fever, and cough which slowly gets worse. The second stage is marked by uncontrolled coughing spells and a whooping noise (in young children) when the person inhales. During severe coughing spells, a person may vomit or become blue in the face from lack of air. Between coughing spells, the person often appears to be well. The coughing spells may be so bad that it is hard for babies to eat, drink, or breathe normally. As ill persons recover in the third stage, the coughing symptoms gradually decrease over several weeks to a few months. Adults, teens, and vaccinated children often have milder symptoms that mimic bronchitis or asthma.

How is pertussis spread?

Pertussis is spread when an infected person sneezes, coughs, or talks. The first symptoms usually appear about 7 to 10 days after a person has been exposed, with a range of four to 21 days.

Who gets pertussis?

Pertussis is most common among infants less than a year old, but anyone can get it - even those who have been vaccinated. Pertussis can be harder to diagnose in very young infants who may have atypical symptoms (e.g. gagging, gasping, and apnea) and in teens and adults because their symptoms often look like a cold with a nagging cough.

Is pertussis dangerous?

It can be, especially for young children and infants. Pertussis can cause breathing problems (apnea), pneumonia, seizures, and brain damage. Pertussis can also cause death (rarely), especially in very young infants.

How is pertussis diagnosed?

A doctor may think a patient has pertussis because of the symptoms, but a sample of mucus must be taken from the back of the nose for testing. This sample is then tested by a laboratory to determine whether the patient has pertussis.

How is pertussis treated?

Antibiotics can make the disease milder if they are started early enough, and will help to prevent transmission of the illness to others. Anyone who has been a close contact of someone that has contracted pertussis should also be given antibiotics to prevent the disease, even if they were vaccinated and have no symptoms. Household contacts and daycare contacts to a known case of pertussis are considered close contacts. Other close contacts are those individuals that have had face-to-face exposure within three feet of a symptomatic patient or those individuals sharing the same confined space in close proximity for more than one hour. In addition to antibiotics, it is helpful to get plenty of rest, nutritious foods, and fluids. Treatment for young children may include supportive therapy such as fluids, oxygen, and mild sedation to help the child during the prolonged periods of coughing.

Can pertussis be prevented?

Yes, there is a vaccine to prevent pertussis. It is given along with diphtheria and tetanus vaccines in the same shot (called DTaP for infants and young children). Five doses of DTaP vaccine, given in a series starting at two months of age, are needed to protect a child from pertussis. The DTaP vaccine works for most children, but pertussis immunity can wear off after a number of years. The DTaP vaccine is not given to persons aged seven years and older.

For persons ages 10 through 64, there is another pertussis containing vaccine available called Tdap that is recommended.

- Tdap vaccine is routinely recommended for administration at ages 11 through 12 years for those who have completed the recommended childhood DTP/ DTaP vaccination series and have not received a tetanus or diphtheria toxoids (Td) booster dose.
- **Adolescents aged 13 through 18 years who missed the 11 through 12 year Tdap or received Td only are encouraged to receive one dose of Tdap five years after the last Td/DTaP dose.**
- Tdap should replace a single dose of Td vaccine for adults aged less than 65 years who have not previously received a dose of Tdap.
- Pregnant women who previously have not received a dose of Tdap (including women who are breastfeeding) should receive Tdap after delivery, before discharge from the hospital or birthing center, if two years or more have elapsed since the last Td
- Tdap vaccine should be given to household contacts and caregivers of infants aged less than 12 months (e.g., parents, grandparents aged less than 65 years, adult household members, child care providers, health care personnel, etc.) if two years or more have elapsed since the last Td or other tetanus toxoid-containing vaccine.

- Health-care workers in hospitals or ambulatory care settings who have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. An interval as short as two years from the last dose of Td is recommended for the Tdap dose.

No pertussis containing vaccine is licensed for administration to children aged 7, 8, or 9 years or to adults aged 65 years and older.

Pertussis or whooping cough is extremely serious and can lead to serious complications. Pertussis symptoms can last for weeks or a few months. That is why experts recommend that all infants and children be given a full series of DTaP vaccine unless there is a medical reason not to receive the vaccine. Additional protection to infants and young children can be achieved by the age appropriate administration of Tdap vaccine to adolescents and adults.

Where can you get more information?

Individuals can get additional information 1) from their physician, 2) by visiting the Centers for Disease Control and Prevention website at: <http://www.cdc.gov>, or 3) by contacting the Adair Health Department at **384-2286**.