

the nose and throat caused by *Bordetella pertussis*.

Symptoms of runny nose, sore watery red eyes, low-grade fever and general unwellness, although these symptoms are not present in all people. After three to seven days, a dry cough develops. The cough is usually present for many weeks and may last for months. Coughing is classically paroxysmal, that is, a prolonged fit of coughing occurs. The coughing is immediately followed by a deep breath in, resulting in the typical whoop. Hence the name *whooping cough*. Some people do not whoop, but whooping may be followed by vomiting.

Pertussis kills about 250,000 children worldwide every year and many surviving children are left with brain damage. Other serious complications include pneumonia, bleeding into the nose, eyes or brain, and development of hernias.

Pertussis is highly infectious, spreading by respiratory droplets to 70 to 100% of susceptible household contacts and 50 to 80% of susceptible school contacts. Epidemics occur every three to four hours.

Maternal antibody does not give adequate protection against pertussis, so babies can be infected before they are old enough to be vaccinated.

In recent years many cases of pertussis have been recognised in adults and adolescents due to waning immunity. These individuals are a significant source of infection to infants.

Diagnosis is most accurately made by PCR testing of mucus from the nose and throat, combined with clinical history, though blood tests are still used in some places.

Incubation Period (*time between becoming infected and developing symptoms*)

6-20 days; most commonly 7-10 days

Infection Period (*Time during which an infected person can infect others*)

Pertussis is highly infectious when the *cold-like* symptoms occur in the early stages. Without treatment, a person is infectious for the first three weeks of coughing. With appropriate antibiotic therapy, the person is no longer infectious to others five days after starting antibiotics.

Treatment

Appropriate antibiotic therapy, given in the early stages of infection, may prevent or lessen the severity of symptoms. Treatment later in the infection reduces the spread of the disease, though it may not lessen symptoms.

Control of Spread

- ❖ Vaccination of infants at 2, 4 and 6 months, followed by a booster dose at 4 years
- ❖ With older vaccines, side effects were more common as people got older so vaccination was not recommended for people older than 7 years. New vaccines have fewer of these side effects and a further single booster dose is now recommended in South Australia for:
 - 13-14 year olds
 - Parents planning pregnancy
 - Parents of a newborn baby, as soon as possible after delivery
 - Adults working with young children, especially child-care and health-care workers in contact with very young infants
 - Adults who have had vaccination in the past are now encouraged to have a booster vaccination at 50 years of age

with whooping cough and their household contacts will
It is important that anyone with suspicious symptoms see
agnosis can be made and treatment commenced, if

ould be excluded from child care, preschool. School or work
treatment. If not treated, they should be excluded for 3
weeks from the start of symptoms

- ❖ Unimmunized contacts should be excluded from child care, preschool and school for 14 days after the last exposure to infection or until they have been on antibiotic treatment for at least five days
- ❖ Any child care, preschool or work contacts of a person with whooping cough should seek medical advice if they develop any symptoms
- ❖ In the case of a whooping cough epidemic the guidelines for control of spread may change. The Health Department should be contacted for recommendations

Whooping Cough is a notifiable disease!