

Whooping Cough (Pertussis)



Whooping cough (pertussis) is a highly contagious bacterial infection of the lungs and airways. The condition usually begins with a persistent dry and irritating **cough** that progresses to intense bouts of coughing. The gasping for breath after one of these coughing bouts causes a distinctive "whooping" noise which is how the condition gets its name.

Other symptoms include:

- A runny nose
- Raised temperature
- Vomiting after coughing

The coughing can last for around three months (another name for whooping cough is the "hundred day cough").

What causes whooping cough?

Whooping cough is caused by a bacterium called *Bordetella pertussis* which infects the lining of the airways, mainly the windpipe (trachea) and the two airways that branch off from it to the lungs (the bronchi).

This leads to:

- A build-up of thick mucus which causes the intense bouts of coughing as the body tries to expel it
- Swollen airways which makes breathing more difficult and causing the "whoop" sound as an affected individual gasps for breath after coughing

People with whooping cough are infectious from six days after exposure to the bacteria to 21 days after the "whooping" cough begins (without treatment). The bacteria are passed from person to person by infected droplets which are spread by coughing and sneezing. Pertussis activity tends to peak every three to four years in the UK.

Who is at risk?

The disease is usually more serious (even fatal) in children of pre-school age. Vaccination is recommended as part of the UK **Routine childhood immunisation schedule**. Pregnant women are also advised to receive the vaccine when they are between 16 and 32 weeks pregnant to maximise the likelihood that their baby will be protected from birth. Most cases occur in adults but symptoms tend to be less serious, although the persistent cough can be frustrating and unpleasant.

Treating whooping cough

If whooping cough is diagnosed during the first 21 days of infection, a course of **antibiotics** may be prescribed. This is to prevent the infection being passed on to others. It is important to take steps to avoid spreading the infection to others, particularly babies under six months of age. Antibiotics will not usually be prescribed if whooping cough is diagnosed in the later stages of infection (21 days after the onset of symptoms) as the individual will no longer be infectious to others and antibiotics will not improve symptoms at this stage.

The GP will advise on how to manage the infection at home using some simple self-care measures such as rest and drinking plenty of fluids. Babies under a year old are likely to be admitted to hospital as they are most at risk of severe complications such as serious breathing difficulties.

How can spread be prevented?

- Advise parents to seek medical review for their child as soon as possible if whooping cough is suspected.
- Good respiratory hygiene should be encouraged (covering noses and mouths with disposable tissues when coughing or sneezing and discarding it after use).
- Good hand hygiene should also be encouraged (after using the toilet and before eating as per usual but also after coughing, sneezing or assisting others with respiratory hygiene).
- Exclude any individuals with whooping cough until they have had 48 hours of appropriate antibiotic treatment and feel well enough to return or after 21 days from onset of illness if no antibiotic treatment has been taken.
- Encourage parents to have their child immunised against whooping cough.

More information on whooping cough can be found in chapter nine of the **Health protection in schools and childcare facilities** guidance.