



Pertussis (Whooping Cough)

Whooping cough is another name for pertussis (per TUSS iss). It is a contagious infection of the respiratory tract caused by bacteria (germs). The germs spread easily by breathing in droplets from an infected person who coughs, sneezes, laughs or talks close to you. Sometimes, you can catch whooping cough by touching something with the germs on it.

Whooping cough gets its name from the high-pitch “whoop” sound the ill person makes at the end of a coughing spell when he or she gasps for air. Not all people with whooping cough make this sound.

Whooping cough can occur at any age, but is most common and severe in infants and children younger than 4 years old. People who have not been fully immunized (had all of their vaccines or “baby shots”) are at greatest risk.

Those at risk are:

- infants who have not had 3 vaccines (DTaP) by age 3. Five DTaPs are recommended by age 6.
- preteens and teens who have not had a booster shot (Tdap), recommended at age 11. Protection from the vaccine wears off over time.
- adults who have not been fully immunized, including having a booster

Adults can also be carriers. They may not have the symptoms but are able to infect others.

Symptoms of pertussis

Stage 1: The first several days, your child will have cold or flu-like symptoms, such as a running nose, sneezing and a slight cough. There is little or no fever.

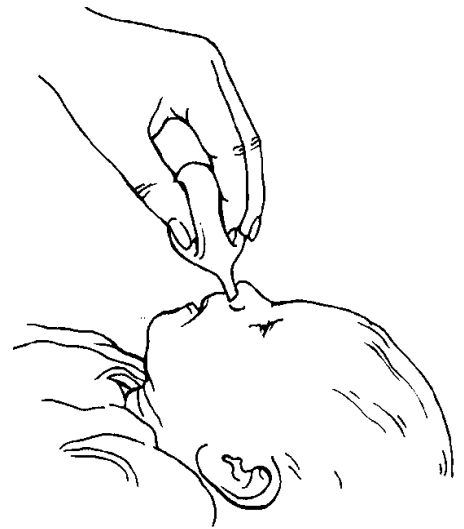
Stage 2: Beginning the second week, the typical “whoop” coughing spells begin and may last for 6 weeks. Some children may make choking sounds instead of the “whoop.”

- During the coughing spell, your child will seem to be choking, gagging or not able to catch his or her breath. His face may be red or bluish in color.
- Very young children may have a pause in breathing (apnea) as the main symptom. Skin color may get dusky or blue.
- The spells can last for more than a minute. A child may have up to 50 coughing spells a day.
- The spells may be triggered by eating, drinking, yawning, sneezing, or breathing in cold air. They can occur at any time but are more often at night and just after waking up.
- Vomiting is common during and after the coughing spell.
- The child will probably cough up large amounts of thick, stringy mucus after the coughing spell is over.

Stage 3: A child may have a cough or "whoop" from time to time for up to a year afterwards.

What to do

- Pertussis is often scary for both the child and the parent. Try to stay calm.
- Stay with your child during the coughing spell.
- Place your child on his tummy with his face turned to the side. The head should be slightly lower than the rest of the body (Picture 1). This helps the child cough up the mucus without choking on it.
- Keep a bulb syringe or NoseFrida[®] ready to remove the mucus (Picture 1).
- Give your child small amounts of foods and liquids often. Clear liquids are usually better to give than milk or formulas. Some examples of clear liquids are Pedialyte[®], diluted Gatorade[®], and clear broth. Often your child will eat better after coughing and spitting up the mucus.



Picture 1 Keep a bulb syringe ready to remove mucus.

When to get emergency help

Call 911 or go to the Emergency Room if your child:

- stops breathing
- turns blue with coughing spells
- has a seizure

When to call the doctor

Call the doctor if your child has:

- coughing spells that last longer and happen more often
- fever
 - younger than 3 months of age and has a rectal temperature more than 100.4° F
 - older than 3 months of age and has rectal or armpit (axillary) temperature more than 102° F that does not come down with medicine
 - 4 years or older, has an oral temperature more than 102° F for more than 3 days that does not come down with medicine
- decreased appetite
- trouble drinking liquids, keeping fluids down, or shows signs of dehydration
 - dry or sticky mouth
 - no tears, sunken eyes
 - very dark, strong-smelling urine, or no urination for 6 to 8 hours
- is very weak and difficult to wake

Treatment

- If the diagnosis is confirmed, the doctor will prescribe an antibiotic. **It is important to start the medicine right away and give it for the prescribed number of days, even if your child seems better.**
- For fever, you may give acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®). Read the label to know the right dose for the age of your child.
- Do not give ibuprofen to children younger than 6 months. Do not give aspirin or products that contain aspirin.
- Do not give over the counter (OTC) cold or cough medicine without asking your child's doctor. They will not help the cough and may be harmful.

Prevention

- Anyone exposed to whooping cough may need to be treated with antibiotics.
- Pertussis can be prevented by making sure your family is up-to-date with vaccines.
- Pregnant women should receive a booster Tdap shot.
- Teach your child to cough or sneeze into a tissue or into his shirt sleeve.
- Wash hands with soap and water often, especially after coughing or touching something that may have the bacteria on it.
- Disinfect toys and other objects that your child coughs on with soap and water or other household disinfectant. The bacteria can live on these things for days.
- Do not share drinking cups, eating utensils, napkins, or other personal items.

What to expect if your child is hospitalized

- The doctor will order a test done on mucus gathered with a swab from the back of your child's nose.
- At first, your child will be in Droplet Precautions. This means you will need to wear a mask when having close contact with your child.
- Your child may be given extra oxygen to help him breathe more easily.
- A heart monitor may be attached to your child because sometimes a child's pulse may lower during a coughing spell.
- Your child will be given liquids through an IV if he is vomiting or not taking liquids well by mouth.

When your child can return to school or daycare

Cases of whooping cough must be reported to the local Health Department. Tell the school or daycare that your child has whooping cough. It is important for school personnel to know so that other parents and teachers can watch for symptoms or get treated.

If your child's health provider gives the OK, your child may return to school after 5 days of antibiotic treatment. Children who do not take antibiotics, must wait 21 days after the cough starts.