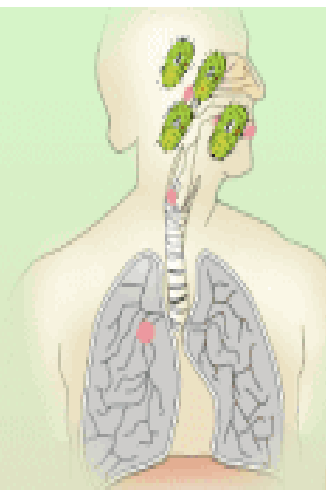


Whooping Cough



Also known as Pertussis.

An upper respiratory tract infection caused by *Bordetella Pertussis*



Pregnant women should get vaccinated during each pregnancy to protect their newborns



Complications:



-Pneumonia

30-40% of infant infections come from their mother



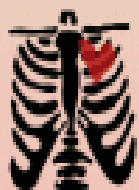
Spread by coughing, sneezing and other close contacts



-Encephalopathy

-Seizures

-Cerebral hypoxia



- Fractured ribs



-Ear infection



300,000 annual number of death

92% of deaths occur in infants under 4 months of age



30-50 million cases annually (worldwide)



Vaccination - The best defence



#roypath

histopathology-india.net

Whooping cough

- Whooping cough is a respiratory infection (infection of the lungs) that causes coughing. The coughing can occur in long spells, and often ends with a high-pitched 'whoop' sound when the child breathes in. Whooping cough is caused by a bacteria called *Bordetella pertussis* and is also known as pertussis.

Whooping cough is extremely contagious. It is particularly serious in babies under six months of age, who are at risk of severe complications and will usually need to be admitted to hospital. Children and adults can also get whooping cough, but are unlikely to need hospitalisation. Many babies who get whooping cough catch it from older children or adults who might not even know they have the infection.

Whooping cough is sometimes treated with antibiotics. There is an immunisation for whooping cough.

Signs and symptoms of whooping cough

- Whooping cough usually starts with cold-like symptoms, such as a runny nose and dry cough, which last for about one week.
- After that, a more definite cough develops, which may last for 10 weeks or more. The cough comes in long spells and often ends with a high-pitched 'whoop' sound when the child breathes in.
- Some children cough so much they vomit afterwards.
- Children are usually well between coughing spells.
- Babies under six months of age may have pauses in breathing (called apnoeas) instead of a cough.
- In more severe cases, babies and children may have problems catching their breath after a coughing spell.
- Other infections such as pneumonia (chest infection) and middle ear infections are common while children have whooping cough.

When to see a doctor

Call an ambulance immediately if your child is struggling to breathe or if their lips start to turn blue.

If you think your child has whooping cough, take them to see your GP.

The doctor will often decide if your child has whooping cough by asking you questions about their cough, or by actually seeing one of the coughing spells. They may want to confirm the diagnosis by doing a blood test or testing secretions (fluids) from the nose, but the whooping cough germ may not be detected if your child has had their cough for three weeks or more, or if they have been on antibiotics before the sample was taken.

The time it takes to get better is different for each child.

Treatment for whooping cough

Your child's doctor will advise different treatment for whooping cough, depending on:

- the age of your child
- how severe the symptoms are
- how long your child has had the symptoms.

Because whooping cough is life-threatening for babies under 6 months old, they are likely to be admitted to hospital to be watched closely. Older children who are quite unwell also usually need to stay in hospital.

Your child's doctor may prescribe antibiotics for your child, but these are not always necessary. Treatment with antibiotics reduces the amount of time your child is infectious (to five days or less). Even if your child is taking antibiotics, their coughing will continue for many weeks. If your child has been coughing for more than three weeks, they are no longer infectious, and antibiotics are not usually needed.

Care at home

In most cases, children with whooping cough can be cared for at home after they have been seen by a doctor.

- Give your child small, frequent meals and fluids often (such as sips of water or smaller feeds, but more often).
- Taking care of a child with whooping cough can be stressful. Ask for help from family and friends so that you can catch up with sleep.
- Do not allow anyone to smoke in the home or around your child.

How is whooping cough spread?

Whooping cough is extremely contagious. It is spread easily by droplets of fluid in the air from coughing and sneezing. It can also be spread by hands that have come in contact with the bacteria.

If your child has whooping cough, they will be infectious just before the start of the cough until three weeks after the cough started. If your child is given antibiotics, they can still spread the infection until they have had five days of antibiotics.

Because whooping cough is easily spread, often other family members or close contacts of the child with whooping cough will also have the infection. Antibiotics may need to be given to anyone who has had very close contact with your child while your child was infectious, including women in the last month of pregnancy and babies less than six months old. The antibiotics will help protect them from getting whooping cough. Your GP can advise if this is necessary.

Children with whooping cough should not attend child care, kindergarten or school:

- for three weeks from the start of the cough, if no antibiotics are given
- until they have had at least five days of their course of antibiotics.

If there is an outbreak of whooping cough and your child is not immunised, they will have to stay away from child care, kindergarten or school for three weeks, or until the outbreak settles.

Whooping cough immunisation

Immunisation is the best way to prevent whooping cough.

- Whooping cough vaccine is recommended for all babies at two months, four months, six months, 18 months and at four years. An adult pertussis booster dose is then given at 12–13 years (in Year 7 at secondary school).
- All babies less than six months old are at risk of catching whooping cough because they have not completed the three-dose primary vaccine course. This risk period is longer if the six-month vaccines are not given on time.
- Protection against whooping cough stops five years after the booster doses.
- A booster dose of adult whooping cough vaccine is recommended for all parents of newborns. Grandparents and other carers in contact with children who are less than

six months old should also have an adult pertussis booster, even if they have been infected with whooping cough in the past.

- Every adult is susceptible to whooping cough infection unless they have had a recent pertussis booster. Adults are the ones most likely to spread infection to babies under six months who are not yet fully vaccinated.
- Pregnant women are recommended to have a pertussis vaccine to protect their baby from developing whooping cough in the first few weeks of life. Vaccination is recommended in the third trimester (at 28 to 32 weeks).
- To further protect young babies, the two-month vaccines can be given from six weeks and the four-year-old booster can be given from three-and-a-half-years.
- All parents should check their child's immunizations are up to date and ask their GP to catch up on any missed doses.

Key points to remember

- Whooping cough is especially dangerous in babies under 6 months of age. If a child aged under six months gets whooping cough, they will usually need to be admitted to hospital.
- Whooping cough is easily spread and often other family members or close contacts are infected.
- Whooping cough can be prevented by immunisation and by vaccinating adults who are in contact with young babies.
- **Call an ambulance immediately if your child is struggling to breathe or if their lips start to turn blue.**

For more information

- See your GP.

Common questions our doctors are asked

I had whooping cough when I was younger. Do I still need to get an adult booster?

If you are having contact with a baby under six months old, you should have an adult pertussis booster. Past infection from whooping cough provides some protection from catching it again, but it is not life-long immunity.

Is it possible for my child to catch whooping cough if they have been vaccinated?

Sometimes, children can catch whooping cough even if they have been immunised. But the illness will be less serious and they often get better quicker. This means they are contagious for a shorter period of time, so are less likely to spread whooping cough to others.

I'm not sure if my child has whooping cough or croup. How can I tell?

Children with croup can have a harsh barking cough, and make a squeaky, high-pitched noise (called stridor) when they breath in. The name 'whooping cough' is confusing, because the cough does not sound like a whoop. The cough is a normal cough, but occurs in long spells. When there is a break in coughing, the child makes a quick breath in, and this is what makes the 'whoop' sound. If you think your child might have whooping cough, take them to the GP.

Developed by The Royal Children's Hospital General Medicine and Respiratory and Sleep Medicine departments. We acknowledge the input of RCH consumers and carers.

Reviewed March 2018.

Kids Health Info is supported by The Royal Children's Hospital Foundation. To donate, visit www.rchfoundation.org.au.

Disclaimer

This information is intended to support, not replace, discussion with your doctor or healthcare professionals. The authors of these consumer health information handouts have made a considerable effort to ensure the information is accurate, up to date and easy to understand. The Royal Children's Hospital, Melbourne accepts no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in these handouts. Information contained in the handouts is updated regularly and therefore you should always check you are referring to the most recent version of the handout. The onus is on you, the user, to ensure that you have downloaded the most up-to-date version of a consumer health information handout.