Whooping Cough
(Pertussis)

Whooping cough (*pertussis*) is a germ (*bacterial*) infection of the air passages and lungs. It causes severe and sudden attacks of coughing. Coughing attacks may occur frequently and last about 2 minutes. Your child may have these attacks for at least 2 weeks and often longer. Mild coughing may continue for several months from remaining *inflammation* (the body's way of reacting to injury and/or infection) in the lungs even though infection is no longer present. Pertussis is very contagious and usually affects infants, children and adolescents. It is less common in adults.

SYMPTOMS

- During the incubation period someone exposed to whooping cough will not show symptoms. This period may last 7-10 days
- Early Illness (*catarrhal stage*): Initial symptoms of whooping cough are similar to the common cold. Your child may have runny nose, sneezing, loss of appetite, mild cough and low grade fever. These symptoms often last 2 to 7 days.
- Late Illness (*paroxysmal stage*): This stage may last 1 to 8 weeks. During this period the severe and sudden cough attacks develop. Coughing is often provoked by activity. In infants it may be cause by feeding. After a severe cough patients older than 6 months may gasp or "whoop" for air. The cough will gradually subside and becomes less episodic over time. Newborns and young infants do not have the strength to develop this "whoop" sound and may instead have periods where they cannot breath.

DIAGNOSIS AND TREATMENT

- If your child has a prolonged respiratory illness, has been exposed to someone with whooping cough or suspected to have whooping cough a visit to a medical practitioner is recommended.
- Your child's caregiver may recommend blood tests or mucous swabs of the nose and throat to help confirm the diagnosis.
- Your child may have a chest x-ray.
- Antibiotics may be prescribed for the infection.
- In confirmed cases of whooping cough your caregiver may prescribe antibiotics for people in your household that have come in contact with the patient. Your caregiver may recommend immunizations for people in your household at risk of developing disease.
- It is recommended that your child's school or daycare be informed if your child has whooping cough.

HOME CARE INSTRUCTIONS

- Most cases of whooping cough are treated at home.
- Children under the age of 6 months are at a higher risk of becoming sicker.
- If given a prescription for medicine that kills germs (*antibiotics*), take it as directed until gone. Symptoms may only improve slightly with antibiotic treatment, but the spread of the illness will be reduced.
- Whooping cough is contagious for 5 days after treatment begins. Keep the infected person away from others who:
  - Have not had their full course of whooping cough immunizations.
  - Have not had their recent booster shot.
  - Are pregnant.
- Frequent hand washing for all those in the household help prevent the spread of germs.
- Avoid exposing your child to any substances that may irritate their respiratory tract such as smoke, aerosols or fumes as they may worsen coughing.
- Patients with whooping cough cannot return to school or daycare until they have been treated with antibiotics for 5 days.
- Do not give cough medicine unless prescribed by your caregiver. Coughing is a protective mechanism

which helps keep sputum and secretions from clogging breathing passages.

- Use a cool mist humidifier to increase air moisture. This will soothe the cough and help loosen sputum. Do not use hot steam.
- If your child is having a coughing spell:
  - Raising the head of an infant's mattress may help a baby to clear sputum more easily and improve breathing.
  - Older children may sit upright during coughing spells. They may also sleep more comfortably with the head of their bed raised at night.
- Have your child rest as much as possible. Normal activity may gradually be resumed.
- Encourage your child to drink extra fluids. Small frequent meals may decrease vomiting which is caused by the coughing attacks.
- This infection can get worse after your hospital or office visit. Monitor your or your child's condition carefully until there is improvement.

SEEK MEDICAL ATTENTION FOR:

- You or your child has an oral temperature above 102° F (38.9° C).
- Your baby is older than 3 months with a rectal temperature of 100.5º F (38.1° C) or higher for more than 1 day.
- Frequent vomiting.
- Your child is not able to eat or drink fluids.
- Your child is urinating less frequently or has dry lips or sunken eye (dehydrated).
- Your child has repetitive coughing that gets worse.
- Your child does not seem to be improving.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- Your child's lips or skin turn blue during a coughing spell.
- Your child has trouble breathing or periods when breathing slows or stops.
- Your child is restless or cannot sleep or is acting listless and sleeping too much.
- Your child is not acting normally.
- You or your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.
- **Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.**

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