

Whooping Cough (Pertussis)

What is whooping cough?

Pertussis, or whooping cough, is less common in young children than it used to be, as the pertussis vaccine has made most children immune. Before this vaccine was developed, there were several hundred thousand cases of whooping cough each year in the United States. Now there are approximately 1 million cases a year in the US, but these are mostly in adults and adolescents.

This illness is caused by pertussis bacteria, which attack the lining of the breathing passages (bronchi and bronchioles), producing severe inflammation and narrowing of the airways. Severe coughing is a prominent symptom. If not recognized properly, the bacteria may spread to those in close contact with the infected person, through her respiratory secretions.

Who is at risk?

Infants under one year of age are at greatest risk of developing severe breathing problems and life-threatening illness from whooping cough. Because the child is short of breath, she inhales deeply and quickly between coughs. These breaths (particularly in older infants) frequently make a “whooping” sound—which is how this illness got its common name. The intense coughing scatters the pertussis bacteria into the air, spreading the disease to other susceptible persons.

Symptoms

Pertussis often acts like a common cold for a week or two. Then the cough gets worse, and the older child may start to have the characteristic “whoop”s. During this phase (which can last two weeks or more), the child often is short of breath and can look bluish around the mouth. She also may tear, drool, and vomit.

Infants with pertussis become exhausted and develop complications such as susceptibility to other infections, pneumonia, and seizures. Pertussis can be fatal in some infants, but the usual course is

for recovery to begin after two to four more weeks. The cough may not disappear for months, and may return with subsequent respiratory infections.

When to call the doctor

Pertussis infection starts out acting like a cold. You should consider the possibility of whooping cough if the following conditions are present.

- The child is a very young infant who has not been fully immunized and/or has had exposure to someone with a chronic cough or the disease.
- The child’s cough becomes more severe and frequent, or her lips and fingertips become dark or blue.
- She becomes exhausted after coughing episodes, eats poorly, vomits after coughing, and/or looks “sick.”

When your child needs hospital care

The majority of infants with whooping cough who are less than six months old, and slightly less than one-half of older babies with the disease, initially are treated in the hospital. This more intensive care can decrease the chances of complications. These complications can include pneumonia, which occurs in slightly less than one fourth of children under one year old who have whooping cough. (If your child is older, she is more likely to be treated only at home.)

While in the hospital, your child may need to have the thick respiratory secretions suctioned. His breathing will be monitored, and he may need to have oxygen administered. For several days, your youngster will be isolated from other patients to keep the infection from spreading to them.

Treatment

Whooping cough is treated with antibiotics, usually for two weeks. These medications are most effective when they are given in the first stage of the illness before coughing spells begin. Although antibiotics can stop the spread of the whooping

Whooping Cough (Pertussis) (continued)

cough infection, they cannot prevent or treat the cough itself. Because cough medicines do not relieve the coughing spells, your pediatrician probably will recommend other forms of home treatment to help manage the cough.

Let your child rest in bed and use a cool-mist vaporizer to help soothe his irritated lungs and breathing passages. A vaporizer also will help loosen secretions in the respiratory tract. Ask your pediatrician for instructions on the best position for your child to help drain those secretions and improve breathing. Also ask your doctor whether antibiotics or vaccine boosters need to be given to others in your household to prevent them from developing the disease.

Prevention

The best way to protect your child against pertussis is with DTaP vaccination (immunizations at two months, four months, and six months of age, and booster shots at twelve to eighteen months and at four or five years of age).

Tdap also protects against pertussis. A single dose of Tdap vaccine should be administered to children 7 through 10 years of age who were underimmunized with DTaP or who have an incomplete vaccine history. The American Academy of Pediatrics continues to recommend vaccination of adolescents, including pregnant adolescents. Pregnant women should also receive the vaccine. A single dose should be given to adults who have contact with infants, even if they are older than 65, and for health care workers of any age.

Source: Adapted from *Caring for Your Baby and Young Child: Birth to Age 5* (Copyright © 2009 American Academy of Pediatrics)

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. To learn more about the American Academy of Pediatrics, visit www.aap.org and www.HealthyChildren.org.

Copyright © 2012 American Academy of Pediatrics
All rights reserved.