What is whooping cough?

Whooping cough is a highly contagious disease caused by the bacteria *Bordetella pertussis* and is spread by coughing and sneezing. Whooping cough is particularly serious in infants under 12 months of age, while older children and adults usually have a milder disease. Anyone can contract whooping cough. Immunisation is by far the best means of protection as it reduces the risk of infection but immunity fades over time. You can still get whooping cough even if you have been immunised, however symptoms are likely to be less severe and of shorter duration.

What are the symptoms?

Initial symptoms begin like a cold with a blocked or runny nose, followed by a cough which gets worse over the following week. Symptoms include:

- Severe cough, which may develop into bouts of uncontrollable coughing
- Whoop or gasping sound produced after breathing-in or between coughing bouts (this can sound like hiccups in young babies) and may not be present in every case
- Coughing to the point of vomiting, gagging, or going red in the face
- Some babies may have episodes where they stop breathing for short periods or have difficulty breathing
- The cough can last for more than three weeks, sometimes months, and can be worse at night

How long am I infectious to others for?

The infectious period is 21 days from the onset of symptoms (blocked/runny nose), or until you have received at least the first five days of a course of appropriate antibiotics.

What if my child has whooping cough?

If your child has whooping cough, they should not attend school, pre-school, childcare or any setting where there are young children and infants for a period of 21 days from the onset of symptoms or until they have received at least the first five days of a course of antibiotics. Cough etiquette (covering the mouth during coughing) and hand hygiene should be encouraged. If your child has been coughing for more than 21 days, they are no longer infectious and can go back to school or childcare. In these circumstances, antibiotic treatment is not usually needed as it does not make recovery any faster.

What if I have whooping cough?

If you have whooping cough it is important to be mindful of your contact with others, maintain cough etiquette and hand hygiene, and avoid close contact with high-risk individuals or settings. These include women in their last month of pregnancy, infants under 12 months of age, childcare centres, maternity wards and nurseries for a period of 21 days or until you have received at least the first five days of a course of antibiotics.
What if my child is not vaccinated?

Children less than seven years of age who have not received three doses of a whooping cough vaccine are at higher risk of contracting whooping cough. If they were in the same room with a child diagnosed with whooping cough they will need to be excluded from school, childcare centres, family day care, and any other children service centre for 14 days after the last exposure, or until they have taken the first five days of a course of appropriate antibiotics. This exclusion is required by law under the Public Health and Wellbeing legislation.

Immunisation for adults

Vaccination is recommended for any adult wishing to reduce the likelihood of getting whooping cough and particularly adults in risk groups such as:

- Women who are planning pregnancy or just after the baby is born (vaccination given preferably while still in hospital). Alternatively women can receive the vaccination during the third trimester of pregnancy.
- For a subsequent pregnancy, if 5 years have elapsed between a previous dose and the expected date of delivery, a booster dose is recommended
- Adult household contacts and carers (e.g. fathers, grandparents) of infants under 6 months of age. Ideally 2 weeks before close contact with the infant. A booster dose is recommended if 10 years have elapsed since a previous dose.
- All adults working with young children, especially healthcare and childcare workers. A booster dose is recommended if 10 years have elapsed since a previous dose.
- Adults from 65 years of age or as an alternative to the routine diphtheria/tetanus booster dose at 50 years of age.

What if I have had contact with someone who has whooping cough?

Household and direct or close contact is considered enough exposure to contract whooping cough. Close contact is having been within one metre for longer than one hour with an infectious person.

Are you:

- a healthcare worker?
- a childcare worker?
- in your last month of pregnancy?
- in a household containing an infant less than 12 months of age?

If you said YES to one of the above:

You are considered a high risk contact because you have an increased opportunity to spread the disease to babies and adults in these settings if you become unwell, and should consult your doctor regarding preventative antibiotics as early as possible. Antibiotics are not recommended in every situation. Antibiotic use is limited to high risk individuals and families that have had the types of contact described above. If you are in your last month of pregnancy you should inform the maternity ward and your obstetrician as you may be at risk of infecting your own or other babies just after they are born if you do develop the disease.

If you said NO to all of the above:

If you’ve been exposed to whooping cough and become symptomatic within three weeks from last contact, please consult your doctor as early as possible. Your doctor will ask you about symptoms and may take a swab from the back of your nose or throat to confirm the diagnosis. A swab is generally recommended over a blood test. Antibiotics are recommended to treat early infection, and will prevent the spread of the disease to others.

For further information, please contact Communicable Disease Prevention and Control at the Department of Health on 1300 651 160.