Pertussis (also known as whooping cough)—A preventable disease on the rise

Pertussis, commonly known as whooping cough, is a serious respiratory illness characterized by an infectious cough. Although most of us were vaccinated against it as children, our ability to fight it off weakens, leaving us once again susceptible as adults. Pertussis is very contagious and can be quite serious, especially for infants less than one year of age.

Why is there a concern now?

Pertussis outbreaks have been reported in all 50 states and the District of Columbia. In recent years, the number of pertussis cases has risen significantly. 2012 saw a peak in pertussis with more than 48,000 reported cases. In 2015, nearly 21,000 cases of pertussis were reported, and while this represents a decrease compared to 2014, annual case counts are still significantly higher.

There are many factors that may account for the rise in pertussis cases:

- Not all babies are getting the vaccinations to protect them.
- Protection against whooping cough from early childhood vaccination decreases over time, and teens and adults can become infected repeatedly.
- Pertussis rates among adults have risen 400% since 1990.
- Children, teens, and adults with undiagnosed pertussis can spread the disease to others.

How is pertussis spread?

Pertussis is a year-round disease that peaks in fall and winter during cold and flu season. Caused by a germ found in the mouth, nose, and throat, it spreads easily when people with the illness cough or sneeze close to others who breathe in the droplets.

What are the signs and symptoms?

Pertussis usually starts with cold symptoms (runny nose, sneezing, mild fever, and cough). This is called stage 1 and lasts for about two weeks. In stage 2, the coughing becomes more severe and frequent, and the “whooping” sound is heard. (Hear the sound of the pertussis cough.) Individuals with pertussis spread the illness most easily during stage 1 and the first two weeks of stage 2.

People with pertussis may have 15-24 coughing attacks a day. After an episode, the person often vomits and feels very tired. Between episodes, there may be no signs of illness. This stage can last for weeks or months, which is why pertussis is sometimes called the “100-day cough.” Stage 3 lasts about 2-3 weeks, as the person gradually gets better with less and less coughing.

If you have been vaccinated, you can still get pertussis; however, the infection will be less severe. If you or your child develops a cold that includes a severe cough, or a cough that lasts for a long time, it may be pertussis. The best way to find out is to visit your doctor. If your doctor tells you that you have pertussis, your body will have a
natural defense (immunity) against future infections. However, this immunity can fade and does not offer lifelong protection. You should get routine vaccinations as recommended.

Immunization
The best way to protect against pertussis is to get vaccinated. Adults should be immunized to protect children, especially babies. Getting vaccinated is especially important for families with, and caregivers of, new infants. Many infants are infected by older siblings, parents, or caregivers who might not even know they have whooping cough. Babies are most vulnerable before they can have their first vaccine against pertussis at two months of age. Children are not fully protected until they have received the complete course of vaccination by age seven.

The CDC recommends a single pertussis booster for any adult aged 19 to 64 who is in close contact with a baby, particularly parents, grandparents, babysitters, and healthcare workers who work with infants. Adults who didn’t get the tetanus, diphtheria, and pertussis (Tdap) booster vaccine as a pre-teen or teen should get one dose of Tdap instead of their next regular tetanus and diphtheria (Td) booster vaccine. Pregnant women should get one dose of Tdap during each pregnancy, between weeks 27 and 36. The CDC also recommends the Tdap booster vaccine to protect adolescents between the ages of 11 and 18.

Treatment
Healthcare providers generally treat pertussis with antibiotics and early treatment is very important. Contact your doctor if you have had close contact with a person with pertussis, regardless of your age or vaccination status. Close contact is anyone who has had face-to-face contact or shared a small space for a long period of time with an infected person, or had direct contact with respiratory secretions (from coughing or sneezing) from an infected person.

Additional resources
- The CDC – Pertussis http://www.cdc.gov/pertussis/
- The CDC MMWR – Preventing tetanus, diphtheria, and pertussis among adults http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm
- The CDC – Pink Book: Pertussis https://www.cdc.gov/vaccines/pubs/pinkbook/pert.html
- The CDC – Pertussis: Causes and Transmission http://www.cdc.gov/pertussis/about/causes-transmission.html
- NFID – Pertussis http://www.nfid.org/pertussis/

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