

Appendix 1 Pertussis fact sheet

Whooping cough (Pertussis)

What is Whooping cough?

Whooping cough can be a life threatening infection in babies. Whooping cough in babies can lead to apnoea (pauses in normal breathing), pneumonia, feeding problems and weight loss, seizures, brain damage and, in some cases, death. Older children and adults get whooping cough too and can pass it on to babies.

What are the symptoms?

Whooping cough usually begins like a cold with a blocked or runny nose, tiredness, mild fever and a cough.

The cough gets worse and severe bouts of uncontrollable coughing can develop.

Coughing bouts can be followed by vomiting, choking or taking a big gasping breath which causes a "whooping" sound. The cough can last for many weeks and can be worse at night.

Some newborns may not cough at all but they can stop breathing and turn blue. Some babies have difficulties feeding and can choke or gag.

Older children and adults may just have a cough that lasts for many weeks. They may not have the whoop.

How is it spread?

Whooping cough is spread when an infectious person coughs bacteria into the air which can be inhaled by people nearby. If they are not treated early, people with whooping cough are infectious in the first three weeks of their illness.

Whooping cough spreads easily through families, childcare centres and at school.

Who is at risk?

Anyone can get whooping cough. People living in the same household as someone with whooping cough are especially at risk.

Immunisation reduces the risk of infection but immunity fades over time. You can still get whooping cough even if you've been immunised.

How is it prevented?

Whooping cough vaccines provide good protection from infection but immunity fades which means that boosters are needed.

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Immunisation for babies

Babies need to be immunised at 2 months, 4 months and 6 months. The first dose can be given as early as 6 weeks of age.

Getting your baby vaccinated on time gives them some protection when they are most at risk of severe illness.

If your baby's vaccines are overdue, see your GP now to catch up.

Immunisation for older children

A whooping cough booster can be given from 3.5 years of age.

A second whooping cough booster is given in high school generally through the school immunisation program.

Check if your child has been vaccinated. Look at their immunisation book (for example, blue book), speak to your GP or ring the Australian Childhood

Immunisation Register on 1800 653 809.

Immunisation for adults

A booster for adults is recommended for:

Both parents when they are planning a pregnancy, or just after the baby is born.

Other adult household members, grandparents and carers of infants under 12 months of age.

Adults working with young children, especially health care and child care workers.

If you are a close contact of someone with whooping cough:

If you have been exposed to someone with whooping cough early in their illness while they are infectious, watch out for symptoms and see your doctor if you get a new cough.

Some babies and some pregnant women need antibiotics to prevent whooping cough infection if they have had significant contact with an infectious person.

How is it diagnosed?

Your doctor may ask about your symptoms and whether you've had any contact with whooping cough. If your doctor thinks you have whooping cough, a swab from the back of the nose can confirm the diagnosis.

How is it treated?

Some babies may need treatment in hospital or in intensive care.

Antibiotics are used to treat whooping cough in the early stages and can help prevent spreading whooping cough to others. People who are not treated early with the right antibiotics can spread the infection in the first 3 weeks of their coughing. After 5 days of antibiotics, you are normally no longer infectious.

The cough often continues for many weeks, despite antibiotics.

What is the public health response?

Doctors and laboratories must confidentially notify cases of pertussis to the local Public Health Unit. Public Health Unit staff can advise on the best way to stop further spread.

Infectious children are restricted from going to pre-school and school. Unimmunised contacts may be excluded from child care unless they take the recommended antibiotics.

Further information

[Immunise Australia](#) website