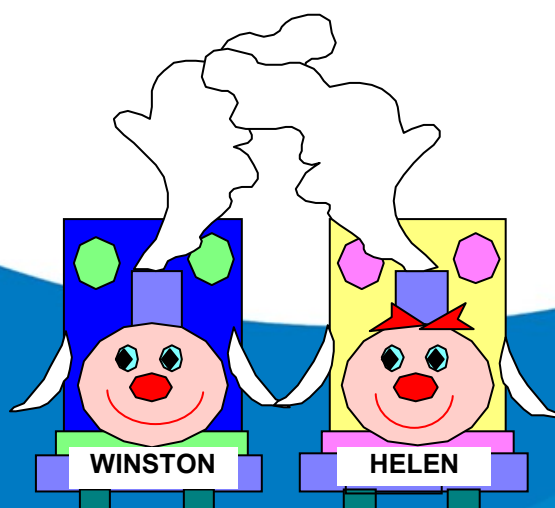


Whooping Cough

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The Nature of the condition

Whooping cough, also known as pertussis, is an infection of the lining of the respiratory tract. Mainly affecting babies and young children, it's called whooping cough because of the characteristic 'whoop' sound that is made by a sharp intake of breath following a bout of coughing.

Sixty years ago, whooping cough was a major public health concern with 100,000 reported cases in England and Wales. Today, thanks to the introduction of a comprehensive immunisation programme, few children suffer from the condition. Despite the dramatic fall in numbers, it is still possible to get whooping cough. It is very infectious, and there will always be children who are susceptible because they are too young for vaccinations.

Around half the babies who get it will need admitting to hospital for treatment, and in rare cases it can even prove fatal. So it's worth being aware of the signs and symptoms of whooping cough, and knowing how to stop the disease from spreading.

What causes whooping cough?

It is caused by the *Bordetella pertussis* bacterium, which is carried in droplets of moisture in the air. If your child inhales these bacteria, they multiply inside the respiratory tract causing a thick layer of mucus to develop.

Whooping cough is highly infectious – especially during the first stages of the condition. When someone with whooping cough coughs or sneezes, they send out hundreds of infected droplets into the air. If these droplets are breathed in by someone else, the bacterium will infect their airways.

What are the symptoms?

The first symptoms tend to be fairly mild; appearing around seven to ten days after your child has been infected with the bacterium. Your child may develop a cold, with a runny nose, watering eyes, sneezing and a dry cough. After about a week, this progresses to bouts of coughing known as 'paroxysms'. The coughing is usually continuous with up to 30-40 coughs without taking a breath in.

Your child might cough intensely, bringing up thick mucus, which is followed by a 'whoop' sound as your child inhales. Younger children and babies may not have a whoop and may instead vomit, or may even stop breathing. In older children, the coughing may be less intense and also might not include a 'whoop' – in fact, you may not even realise your child has whooping cough.

Making a diagnosis

Your doctor will usually be able to diagnose whooping cough from your description of your child's symptoms and from listening to your child's cough. The diagnosis can be confirmed by a per-nasal swab – the bacteria responsible can be identified in the lab. Whooping cough is a notifiable disease. This means your doctor must report each case to the local health authorities, so the spread of the disease can be monitored. It's best to call the surgery or hospital beforehand to warn them your child might have whooping cough, as there may be a separate waiting area for people with infectious diseases.

Our usual form of treatment

Treatment consists of antibiotics, although in whooping cough antibiotics have only shown to be useful if they are given before the cough has commenced. In most cases, once the coughing has started, antibiotics will not be of benefit in terms of boosting your child's recovery. However, they may reduce the infectiousness.

Babies and pre-school age children tend to be most severely affected by whooping cough, and are at highest risk of complications. Around half of all babies need admitting to hospital for treatment. In hospital, your child will probably receive antibiotics intravenously (directly into a vein) and if breathing is proving difficult, your child may also be given steroids to reduce inflammation of their airways. In older children, whooping cough can usually be treated at home. Your GP may prescribe antibiotics to prevent the infection spreading further. However, if it isn't diagnosed until the later stages of the infection, your child may not need antibiotics because by this time the bacteria that caused the condition will have gone. Your GP will advise you on caring for your child at home; including ensuring your child rests and has plenty of fluids.

Complications

Babies and young children are at risk of several complications including pneumonia, breathing difficulty, and dehydration. Around one in every 500 babies under the age of 12 months will die from the condition. Older children are at much less risk from complications. A persistent cough is the most common complication in this age group.

Prevention

Your child should stay home from school or nursery for five to seven days if they are receiving antibiotics, or four weeks if they are not receiving medication. Make sure you dispose of any tissues your child has used immediately and wash your hands if you have touched them yourself.

Whooping cough is now rare in the UK because of immunisation. Children are vaccinated against whooping cough at two, three and four months, and again before they start school at between three and five years of age. The whooping cough vaccine is given as part of the DtaP/IPV/Hib vaccine, which also protects against diphtheria, tetanus, polio and Hib (haemophilus influenzae type b).

It's important for children to be immunised in order to ensure low levels of the disease circulating in the community – thus reducing the risk that very young babies, who have not yet been immunised and who are at greatest risk of suffering from the condition in its most severe form, are protected.

If you have any further questions please contact your child's consultant via their secretary via the hospital switchboard. The secretaries are available Monday to Friday 9.00 am to 5.00 pm

If you need to contact the Department outside of these hours please phone either:

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