Pertussis, commonly known as whooping cough, is a highly contagious bacterial respiratory infection spread through coughing and sneezing. Milder symptoms, which mimic those of a cold, are increasing among school children. Adults, who often have less severe symptoms, may not realize that they have the infection, and can spread it to others.

**Signs & Symptoms**

Many of the first symptoms of pertussis can be easily mistaken for the common cold. These symptoms include:

- A runny nose
- Sneezing
- Low-grade fever
- A mild, occasional cough

These symptoms appear an average of 7-10 days after someone has been exposed to the bacteria.

The symptoms may last up to two weeks and then progress to severe coughing fits, particularly at night. “Whooping” sounds are made as sufferers try to breathe in during or after the coughing fit. Vomiting after coughing may also occur. The cough associated with pertussis usually lasts several weeks. The good news is that pertussis is treatable with antibiotics once diagnosed.

**Pertussis & School**

Children diagnosed with pertussis should not return to school without first seeking the approval of their physician, due to the communicable nature of the disease. In recent outbreaks, it was shown that adolescents and older children carried the disease because the milder form they often suffered from was hard to recognize as pertussis.

Pertussis is typically most contagious during the first two to three weeks of infection, often before severe coughing fits begin. It is caused by bacteria in the mouth, nose and throat of an infected person and can be spread through close talking, coughing or sneezing.

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**Coughing Fits**

According to the National Association of Pediatric Nurse Practitioners, the following occurs during a “classic cough” episode associated with pertussis:

- A “whoop” as the child struggles to breathe
- Coughs that usually produce a thick, productive mucus
- Vomiting after a coughing fit
- Lips and nails may turn blue due to a lack of oxygen

After the coughing fit, the sufferer is often exhausted.

**Source:** pertussis.com

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**Vaccination Recommendations**

Children are vaccinated against pertussis as part of an early childhood immunization schedule starting at age two. Babies get vaccinated against pertussis as part of an immunization series known as DTP or DTaP (diphtheria, tetanus, and pertussis) at two months of age.

In the past, adolescents were not vaccinated against pertussis. However, in 2005, two vaccine (Tdap) products were formulated and licensed in the U.S. for use in adolescents. The Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) recommends:

- Adolescents aged 11-18 receive a single dose of Tdap instead of the tetanus and diphtheria vaccine (Td) for booster immunization against tetanus, diphtheria, and pertussis if they have completed the recommended childhood DPT/DTaP vaccination series (five doses of DTP/DTap before their seventh birthday; if the fourth dose was administered on or after the fourth birthday, the fifth does is not needed) and have not received Td or Tdap.*

  *The preferred age for Tdap vaccination is 11-12 years old. For additional indications and specifications, visit [www.cdc.gov/mmwr/PDF/rr/rr5503.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5503.pdf).

  

  Sources: Centers for Disease Control and Prevention at cdc.gov; National Association of Pediatric Nurse Practitioners’ Pertussis site at pertussis.com

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**Increased Reporting**

The Centers for Disease Control and Prevention (CDC) have seen an increase in reported cases of pertussis since the 1980s. These increases are greatest among infants younger than five months old and between kids 10-19 years old.