Whooping cough in older children, adolescents and adults

Frequently asked questions

What is whooping cough?

Whooping cough, also known as pertussis, is a respiratory infection caused by *Bordetella pertussis* bacteria. Whooping cough usually begins with quite mild non-specific symptoms which develop over one to two weeks into coughing fits which can be severe. It is also known as the '100 day cough' in some countries.

Who can be affected by whooping cough?

Whooping cough can affect all ages. Very young babies are at highest risk of serious complications, of needing admission to hospital or of dying from whooping cough. Whooping cough does, however, also occur in older children, adolescents and adults. Across Scotland and the rest of UK, the number of cases of whooping cough in these older age groups is currently high.

How do you catch whooping cough?

Whooping cough is a very infectious disease that is passed from one person to another. The bacteria are present in the back of the throat of an infected person and maybe spread by coughing and sneezing. A person can infect other people from 2-4 days before they start to cough to around 21 days after coughing starts. Symptoms of whooping cough usually develop 7-10 days after contracting the infection.

Symptoms of whooping cough in older children, adolescents and adults

The early symptoms of whooping cough are similar to a common cold with a runny nose, low fever, sneezing and mild occasional coughing. Over the next one to two weeks this progresses to fits of coughing which maybe followed by choking and/or vomiting. The cough often comes in short bursts (paroxysms) followed by a desperate gasp for air (when the characteristic whooping noise may be made) and the feeling of not being able to catch your breath. Whooping cough doesn't always cause the typical symptoms of the whoop or vomiting after coughing, particularly in older children and adults.

Exhaustion may set in after a coughing bout. Between these bouts of coughing, you may feel well but the cough may last for weeks or months. Coughing is more frequent at night and is likely to disturb sleep. Over time the episodes of coughing become less frequent and full recovery is gradual.

Several websites have sound files or videos with examples of the classic cough.

See for example http://www.whoopingcough.net/symptoms.htm.

Serious complications, such as pneumonia and convulsions, are uncommon in older age groups but can, very occasionally, occur. Sometimes the cough is severe enough to cause

other problems such as fainting, muscle pain in the ribs (and occasionally fractured ribs), a hernia in the groin area or bleeding in the eye (conjunctival haemorrhage).

It is important to remember that although your symptoms maybe mild you may still be able to pass the infection to others in the first few weeks of illness. This will include those who maybe more likely to develop serious symptoms, in particular very young babies who have not received any or all of the recommended doses of the whooping cough vaccine.

Immunisation against whooping cough

Vaccines are the best way to prevent whooping cough. Before the whooping cough vaccine became routinely available in 1957, large epidemics occurred every 3–5 years in the UK. These epidemics affected up to 150,000 people and contributed to approximately 300 deaths each year. On average in the ten years (2002-2011) in Scotland 80 cases of whooping cough were reported, since 2012 the number of cases of whooping cough has been much higher with 504 confirmed cases in 2014.

In Scotland the whooping cough vaccine is currently offered to babies at 2, 3 and 4 months and a fourth dose is included with the pre-school booster given 3 years later. We know that protection is very high in the first few years after receiving the vaccine or after having the disease. However the level of protection gradually falls so, even if you had whooping cough infection or received all your vaccines as a child you can still get whooping cough as an adult. People who do catch whooping cough after being vaccinated or who have the disease for a second time are much less likely to be severely ill.

Immunisation of pregnant women

It is recommended that pregnant women receive immunisation against pertussis, ideally between 28 and 32 weeks gestation. Vaccination of pregnant women aims to boost immunity in the pregnant woman which is passed across the placenta to the unborn child and should provide protection during the early weeks of life.

The immunity young infants will receive from their mother is only short term protection for the first few weeks of life, therefore it is important that infants are vaccinated as part of the routine childhood schedule in order to provide longer term protection.

I think I might have whooping cough. What should I do?

Seek medical attention

If you think you might have whooping cough then it is important to seek health advice as early as possible particularly if you have a young baby in your household or regular contact with young babies, possibly through work. Early diagnosis and treatment can help to reduce the spread of infection to others.

It can be quite difficult to diagnose whooping cough because other conditions can also cause an ongoing cough. Whooping cough doesn't always cause the typical symptoms of the whoop or vomiting after coughing, particularly in older children and adults. While whooping cough maybe diagnosed by checking whether you have been exposed to another person with whooping cough or asking about your symptoms, you maybe offered a blood test or a pernasal swab (a swab of the back of the nose) maybe taken which can help to confirm the diagnosis.

Treatment

Whooping cough is generally treated with antibiotics. Importantly, while antibiotics are unlikely to change your symptoms unless taken very early in the disease (before coughing starts), they can reduce the likelihood of passing the infection to others.

Reducing the spread of whooping cough

If you are diagnosed with whooping cough you should remain off school or work until you have been taking antibiotics for 5 days, or until 21 days after the start of the cough if you are not prescribed antibiotics. This is particularly important if you work in a healthcare setting or attend or work in a school or childcare setting. For this period you should also stay away from babies, young children, pregnant women and immunocompromised people. If you have been coughing for more than 21 days or if you have been on the correct antibiotic for more than 5 days, you should no longer be infectious.

If there are infants or immunocompromised individuals in your household, they may also be offered antibiotics to reduce their risk of being infected.

Good cough hygiene is also important:

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- Dispose of all used tissues promptly into a waste bin
- Wash hands with warm water and soap after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions

Where to go for more information

If you have any more questions please telephone NHS 24 on 08454 242424, see your GP or visit NHS inform online at:
http://www.nhsinform.co.uk/health-library/articles/w/whooping-cough/introduction

More information on the immunisation of pregnant women is available at:
http://www.immunisationscotland.org.uk/vaccines-and-diseases/whooping-cough.aspx