



Pertussis (whooping cough)

C H E L A N · D O U G L A S H E A L T H
D I S T R I C T

**SPECIAL
POINTS OF
INTEREST:**

- About 40% of infants who get pertussis wind up in the hospital.
- Nearly all infants with pertussis get the infection from an infected adult.
- It is important to maintain a high level of immunization in a community in order to prevent outbreaks.

P E R T U S S I S P R O F I L E

Pertussis leaves its victims literally gasping for air. At first, this tricky pretender might seem like a common cold—runny nose, fever, and cough. That’s stage 1, when pertussis is just warming up. After a week or two, pertussis infection delivers its cruel surprises—thick, gluey mucous and extreme coughing spells. In these fits people can literally cough so hard and long that they throw up or turn blue

because they can’t breathe. Victims of pertussis make a gasping “whoop” sound when they suck in air after a coughing fit. Pertussis causes coughing fits that make it hard to eat, drink, or breathe. Pertussis can lead to pneumonia, seizures, brain damage, and even death.

Pertussis infection is no joke—about 40% of infants who get it wind up in the hospital! Symptoms appear 6 to 21 (average 7-10) days after exposure to an infected person. Weeks after stage 2, as the body finally fends off pertussis, the victims’ cough tapers down.



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**P R E F E R R E D M E T H O D O F A T T A C K
A N D V I C T I M S . . .**

Pertussis finds his victims by jetting through the air when an already infected victim coughs or sneezes.

The bacterium (*Bordetella pertussis*) may also infect people who touch places where wetness from those coughs and

sneezes lands, and then touch their mouths or noses.

Preferred Victims

Pertussis can be fatal, especially in babies less than one year.

Pertussis is a bully, hitting young children and babies the

hardest. Very young children are not able to cough up the gluey mucous as older people are. Also, many young children and babies are more likely to get secondary infections.

Nearly all infants with pertussis get the infection from an infected adult.

KNOWN WEAKNESSES

Pertussis fears two vaccines, “DTaP” and “Tdap.” Children get the “DTaP” vaccine while teenagers and adults get a booster dose with “Tdap.”

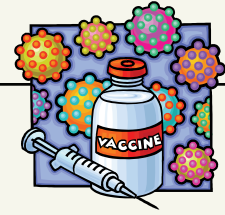
The vaccine ammo contains diphtheria (D), tetanus (T), and acellular pertussis (aP). The term “acellular” means that the vaccine uses pieces of pertussis bacteria (not the whole bacterium cell). By using just pieces, the vaccine can “teach” the body to protect itself with the fewest

side effects.

Vaccine protection from pertussis, tetanus, and diphtheria fades with time, so teens and adults need a booster shot. Experts recommend adults receive a tetanus and diphtheria booster (called Td) every 10 years and substitute a Tdap vaccine for one of the boosters. The dose of Tdap can be given earlier than the 10 year mark. Getting vaccinated with Tdap is especially important for adults who are around infants.

Remember that even fully-vaccinated adults can get pertussis. If you are caring for or around infants, check with your healthcare provider about what’s best for your situation.

Pertussis may be a tough disease but some simple basics can keep it away—like making sure you get vaccinated, washing your hands with soap and water, covering coughs and sneezes, and not sharing cups and silverware.



It is important to maintain a high level of immunization in a community in order to prevent outbreaks.

WHAT IF PERTUSSIS CATCHES YOU???

If your doctor confirms that you have pertussis, your body will have a natural defense (immunity) to future infections. Since this immunity fades over time and does not provide life-long protection, routine vaccinations are recommended.

Preventative antibiotics, (medications that help prevent diseases caused by bacteria), may be recommended to close contacts, including all household members of a pertussis patient, regardless of age or vaccination status. This might prevent or reduce the chance of getting pertussis.

A close contact is anyone who had face-to-face contact with or shared a small space for a long period of time with an infected person or had direct contact with respiratory secretions (like from coughing or sneezing) from a person with pertussis.



CRIMINAL RECORD AND CURRENTLY...

Doctors have been dealing with pertussis for at least 500 years. From 1940 to 1945, before the vaccine was widely used, 175,000 people in the United States were infected each year. In the 1940’s, vaccinating against pertussis became routine and we saw less people infected. Now, 1,000 to 25,000 people are infected each year, and very few die.

Currently...

Pertussis is a common disease in the United States, with periodic epidemics every 3 to 5 years and frequent outbreaks. In 2009, nearly 17,000 cases of pertussis were reported in the U.S.— and many more cases go unreported.

Recent Washington Trends...

Numbers of cases reported vary considerably, ranging from 184 to 1026 cases a year. There is also variation among health jurisdictions

reflecting local outbreaks. In 2009, there were 291 cases reported. Rates were highest for children under a year, and 1 to 4 years. 41% of cases were reported as “up-to-date” for pertussis vaccine, 14% were related to an outbreak.

Some examples of current pertussis outbreaks in the U.S. include:

- From January to November 16, 2010, more than 6,700 cases of pertussis (including

10 infant deaths) were reported throughout California. This is the most cases reported in 63 years.

- More locally, Grant County, WA—the Grant County Health District has investigated 25 cases of whooping cough as well as 262 people who came into contact with those cases since August 23, 2010. The individuals with pertussis live in Moses Lake, Ephrata, and Quincy with ages ranging from infant to adult.