



Whooping cough, also called pertussis, is very easy to catch (infectious). It is a bacterial infection of the lungs and airways. It is spread in the droplets of the coughs or sneezes of someone with the infection.

It causes repeated coughing bouts. The cough can last for 2 to 3 months or more, and can make babies and young children in particular very ill.

Immunisations can help protect your child.

If your child has any of the following:

- Have significant breathing difficulties, such as long periods of breathlessness or choking, shallow breathing, periods where breathing stops, or dusky, blue skin
- Develop signs of serious complications of whooping cough, such as fits (seizures) or pneumonia
- Is under 3 months old with temperature more than 38°C or under 36°C (unless fever in the 48 hours following vaccinations and no other red features)
- Breathing very fast, too breathless to talk, eat or drink
- Working hard to breathe, drawing in of the muscles below the rib or noisy breathing (grunting)
- Is pale, blue, mottled or feels unusually cold to touch
- Difficult to wake up, very sleepy or confused
- Weak, high-pitched cry or can't be settled
- Has a fit (seizure)
- Has a rash that does go away with pressure (see the 'Glass Test')

You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999

If your child has any of the following:

- Have symptoms of whooping cough
- Have had a cough for more than 3 weeks
- Have a cough that is particularly severe or is getting worse
- Is 3-6 months old with temperature 39°C or above (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Temperature of 38°C or above for more than 5 days or shivering with fever (rigors)
- Temperature less than 36°C in those over 3 months
- Breathing a bit faster than normal or working a bit harder to breathe
- Dry skin, lips or tongue
- Not had a wee or wet nappy in last 8 hours
- Poor feeding in babies (less than half of their usual amount)
- Irritable (unable to settle them with toys, TV, food or hugs even after their fever has come down)
- Swelling of a limb or joint
- Not using or putting weight on an arm, leg, hand or foot
- Complaining of severe pain that is not improving with painkillers
- Has had chickenpox in the past few days and is now getting worse with a high fever or spreading red rash
- Getting worse or you are worried about them

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111

If your child has none of the above:

Watch them closely for any change and look out for any red or amber symptoms

Self care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111



Symptoms of whooping cough

The first symptoms of whooping cough are similar to those of a [cold](#), such as a runny nose, red and watery eyes, a sore throat, and a slightly raised temperature.

Intense coughing bouts start about a week later.

The bouts usually last a few minutes at a time and tend to be more common at night.

Coughing usually brings up thick mucus and may be followed by vomiting.

Between coughs, you or your child may gasp for breath – this may cause a 'whoop' sound, although not everyone has this.

The strain of coughing can cause the face to become very red, and there may be some slight bleeding under the skin or in the eyes.

Young children can sometimes briefly appear blue – this often looks worse than it is and their colour should return to normal quickly.

In very young babies, the cough may not be particularly noticeable, but there may be brief periods where they stop breathing.

The bouts will eventually start to become less severe and less frequent over time, but it may be a few months before they stop completely.

Who's at risk of whooping cough

Whooping cough can affect people of any age, including:

- babies and young children – young babies under 6 months of age are at a particularly increased risk of complications of whooping cough
- older children and adults – it tends to be less serious in these cases, but can still be unpleasant and frustrating
- people who've had whooping cough before – you're not immune to whooping cough if you've had it before, although it tends to be less severe the second time around
- people vaccinated against whooping cough as a child – protection from the whooping cough vaccine tends to wear off after a few years

You can get whooping cough if you come into close contact with someone with the infection.

A person with whooping cough is infectious from about 6 days after they were infected – when they just have cold-like symptoms – until three weeks after the coughing bouts start.

Antibiotic treatment does not stop the cough but can reduce the length of time someone is infectious and stop the spread.

Treatment for whooping cough

Treatment for whooping cough depends on your age and how long you've had the infection.

Children under 6 months who are very ill and people with severe symptoms will usually be admitted to hospital for treatment.

People diagnosed during the first 3 weeks of infection may be prescribed antibiotics to take at home. These will help stop the infection spreading to others, but may not reduce the symptoms.

People who've had whooping cough for more than 3 weeks won't normally need any specific treatment, as they're no longer contagious and antibiotics are unlikely to help.

While you're recovering at home, it can help to get plenty of rest, drink lots of fluids, clean away mucus and snot from your or your child's mouth, and take painkillers such as paracetamol or ibuprofen for a fever.



Avoid using cough medicines, as they're not suitable for young children and are unlikely to be of much help.

Stopping the infection spreading

If you or your child are taking antibiotics for whooping cough, you need to be careful not to spread the infection to others.

Do

stay away from nursery, school or work until 48 hours after starting antibiotic treatment or, if not taking antibiotics 21 days from the start of symptoms

cover your or your child's mouth and nose with a tissue when coughing and sneezing

dispose of used tissues immediately

wash your and your child's hands regularly with soap and water

Other members of your household may also be given antibiotics and a dose of the whooping cough vaccine to stop them becoming infected.

Vaccinations for whooping cough

There are 3 routine vaccinations that can protect babies and children from whooping cough:

the whooping cough vaccine in pregnancy – this can protect your baby during the first few weeks of life; the best time to have it is soon after the 16th week of your pregnancy

the 6-in-1 vaccine – offered to babies at 8, 12 and 16 weeks of age

the 4-in-1 pre-school booster – offered to children by 3 years and 4 months

These vaccines don't offer lifelong protection from whooping cough, but they can help stop children getting it when they're young and more vulnerable to the effects of the infection.

Older children and adults aren't routinely vaccinated, except during pregnancy or a whooping cough outbreak.

Complications of whooping cough

Babies and young children under 6 months are usually most severely affected by whooping cough.

They're at an increased risk of:

dehydration

breathing difficulties

weight loss

pneumonia – an infection of the lungs

fits (seizures)

kidney problems

brain damage caused by a lack of oxygen reaching the brain

death – although this is very rare

Older children and adults tend to be less severely affected, although they may experience problems caused by repeated coughing, such as nosebleeds, bruised ribs or a hernia.