Pertussis is a highly infectious respiratory tract infection. It is characterized by a “hacking” cough, followed by a high pitched intake of breath, or a “whoop” (hence the common name of whooping cough).

The disease is most dangerous in infants and young children, and can give rise to complications and even lead to death.

The bacterium *Bordetella pertussis*, that causes the disease, can be found in all countries. Pertussis spreads easily from person to person mainly through droplets produced by coughing or sneezing.

Vaccination programmes significantly reduce pertussis cases and deaths.

**What are the symptoms?**

Symptoms of pertussis usually develop within 5 to 10 days after having come into contact with the bacteria that cause it.

Early symptoms include:

- runny or stuffy nose
- low-grade fever
- mild, occasional cough (babies may not cough)
- apnea (life-threatening pauses in breathing) and cyanosis (turning blue or purple) in babies and young children.

Pertussis may seem like a common cold. Many infected babies don't cough at all.

One to 2 weeks after the first symptoms start, people with pertussis may develop paroxysms—rapid, violent, and uncontrolled coughing fits.

Coughing fits can cause people to:

- make a high-pitched “whoop” sound at the end of a coughing fit
- vomit during or after coughing fits
- feel very tired after a fit, although they seem well in-between fits
- struggle to breathe.

Antibiotics are used to treat the infection. Suspected cases should avoid contact with infants, young children and women in late pregnancy, especially the unimmunized, until at least five days of antibiotics are taken.
Vaccines are effective in preventing pertussis

Pertussis vaccines are safe and effective in reducing the risk of severe disease in infants and young children. The disease is usually milder for people who have gotten vaccinated against pertussis but still get sick.

In vaccinated people who get pertussis:

• the cough usually won’t last as many days
• coughing fits, whooping, and vomiting after coughing fits are less common
• apnea and cyanosis are less common (in vaccinated infants and children).

Follow the national vaccination schedule to help prevent your child from getting pertussis. Vaccination in a timely manner protects children from this potentially dangerous disease. Delays in vaccination put those vulnerable at risk of disease and increases the chances of further spread.

WHO recommends providing all infants with three doses of pertussis vaccine in infancy, with one booster dose in children 1–6 years of age. Additional pertussis vaccination strategies in some countries include booster doses in adolescents and adults, as well as immunization of pregnant women to protect newborn infants too young for direct vaccination through transfer of maternal antibodies.

Most pertussis vaccines are available in combination with other vaccines, such as diphtheria (D) and tetanus (T) vaccines.

Pregnant? Help protect your baby from pertussis

To maximize the passive antibody transfer to the infant, women should get vaccinated against pertussis in the 2nd or 3rd trimester of every pregnancy and preferably at least 15 days before the end of pregnancy. By doing so, the vaccine

• helps protect the mother from getting and passing pertussis on to her infant
• provides passive immunity to the infant.

Vaccinating women during pregnancy also prevents more infant hospitalizations and deaths from pertussis compared to other prevention strategies.