

## Whooping Cough (Pertussis)

### What is whooping cough?

A contagious and fairly common bacterial infection that causes a range of illnesses, from mild cough to severe disease

### What are the signs or symptoms?

- Begins with cold-like signs or symptoms.
- Coughing that may progress to severe coughing, which may cause
  - ~ Vomiting
  - ~ Loss of breath, difficulty catching breath
  - ~ Cyanosis (ie, blueness)
- Whooping (ie, high-pitched crowing) sound when inhaling after a period of coughing (may not occur in very young children).
- Coughing persists for weeks to months
- Fever is usually absent or minimal.
- Symptoms more severe in children younger than 1 year.
- Infants may develop complications and often require hospitalization.

### What are the incubation and contagious periods?

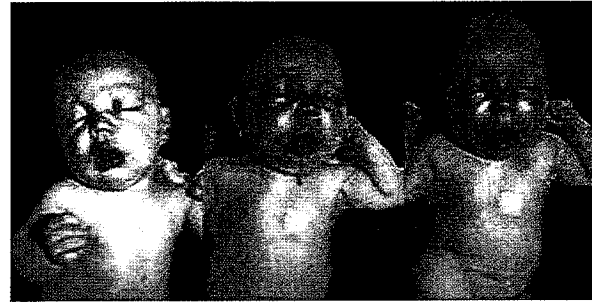
- Incubation period: 6 to 21 days; usually 7 to 10 days.
- Contagious period: From the beginning of symptoms until 2 weeks after the cough begins, depending on age, immunization status, previous episodes of infection with pertussis, and antibiotic treatment. An infant who has no pertussis immunizations may remain infectious for 6 weeks or more after the cough starts.

### How is it spread?

- Direct or close contact with mouth and nose secretions
- By children, adolescents, and adults who do not realize the cause of their chronic coughing is pertussis (The cough is persistent for weeks and is not associated with a "whoop.")

### How do you control it?

- Whooping cough is a vaccine-preventable disease; however, protection is incomplete and decreases over time.
- Follow the most recent immunization recommendations. In 2007, the Tdap vaccine was recommended for all adolescents and adults at the time of their next planned tetanus booster.
- Review immunization status of all children and staff.
- Use good hand-washing technique at all the times listed in "When to Wash Hands" on page 25.



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Coughing baby

- Prophylactic antibiotics for household and other close contacts of an infected individual, including staff, and exposed, incompletely immunized children in group settings who have close or extensive contact with an individual with confirmed pertussis infection.
- Children who are incompletely immunized should complete their immunizations as well as receive the prophylactic antibiotic treatment.
- Testing staff who develop respiratory symptoms after exposure to someone with confirmed pertussis may be recommended by the health department.

### What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms and seek prophylactic antibiotics.
- All adults who have contact with a child who has pertussis in group settings also should be advised to seek testing if symptoms develop.
- Report the infection to the health department. If the health professional who makes the diagnosis does not inform the health department that the child who has the infection is a participant in a child care program or school, this could lead to a delay in controlling the spread.
- Ensure that all children have received their immunization series according to the current recommendations.
- Monitor incompletely immunized children for respiratory signs or symptoms for 21 days after last contact with infected person.
- Monitor staff for respiratory signs or symptoms and recommend treatment if cough develops within 21 days of exposure.

➤ *continued*

## Whooping Cough (Pertussis), continued

### Exclude from group setting?

Yes.

- Pertussis is a highly communicable illness for which routine exclusion of infected children is warranted.
- Exclude close contacts who are coughing until they receive appropriate evaluation and treatment.

### Readmit to group setting?

- After 5 days of appropriate antibiotic treatment
- When the child is able to participate and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group

# Mumps

## What is mumps?

- Uncommon in children with up-to-date immunizations
- A viral illness with swelling of one or more of the salivary glands

## What are the signs or symptoms?

- Swollen glands in front of and below the ear, or under the jaw (no swelling or symptoms in one third of infections).
- Fever.
- Headache.
- Earache.
- In teenage boys, painful swelling of the testicles may occur. Girls may have swelling of the ovaries, which may cause abdominal pain.
- Complications include meningitis, deafness (usually permanent), glomerulonephritis (kidney), and inflammation of joints.
- Infection during pregnancy may kill or severely harm the fetus.

## What are the incubation and contagious periods?

- Incubation period: 16 to 18 days
- Contagious period: From 1 to 2 days before to 5 days after swelling of glands, although virus can be isolated from saliva from 7 days before to 9 days after swelling of glands

## How is it spread?

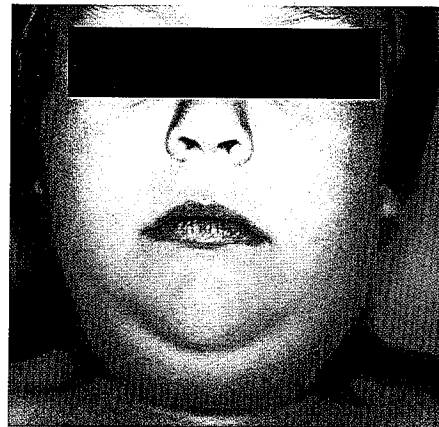
Direct contact with mouth or nose secretions

## How do you control it?

- Measles, mumps, and rubella vaccine according to most recent recommendations. In 2007, a combined vaccine that includes varicella became available (MMRV). This combined vaccine or the separate MMR and varicella vaccines are to be given twice, once in the second year of life and again as a booster dose to older children.
- Review immunization status of all children.

## What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Report the infection to the health department. If the health professional who makes the diagnosis does not inform the health department that the child who has the infection is



CDC

Child with mumps



CDC

Child very swollen under the jaw and in the cheeks due to mumps

a participant in a child care program or school, this could lead to a delay in controlling the spread.

- Refer to health professional.
- Ensure up-to-date immunization of children, staff, volunteers, and family members with MMRV vaccine according to current recommendations.

## Exclude from group setting?

Yes.

- Mumps is a highly communicable illness for which routine exclusion of infected children is warranted.
- Mumps vaccine has not been shown to be effective in preventing infection after exposure. However, for outbreaks, exclude exposed children who have not been immunized until they become immunized or, if they are not immunized because of an accepted exemption, continue to exclude them until the health department determines it is safe for them to return. This may be as long as a month after the last case.

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