Distributed to:
- Directors of Clinical Governance
- Chief Executives
- Directors of Clinical Operations

We recommend you also inform:
- Medical Directors
- Directors of Nursing
- Infection control professionals
- Staff in Paediatric units
- Staff in NICU
- Staff in Recovery Rooms
- Staff in Operating Theatres
- Staff in ICU
- Staff in Emergency Departments
- Staff in Transplant Wards
- Staff in Oncology wards
- Staff in Respiratory wards

Whooping Cough

There has been a large increase in the number of people diagnosed with whooping cough (pertussis) in NSW. This year more than 5000 cases have been reported.

**WHAT YOU NEED TO KNOW ABOUT PERTUSSIS**
- Persistent cough may be whooping cough in older children and adults.
- Adults can pass the infection on to vulnerable people and babies.
- For young children the cough occurs in bouts (often with a ‘whoop’) which may be followed by vomiting.
- Whooping cough is infectious up to 3 weeks after onset of cough.
- Vaccination does not give lifelong protection and reinfection can occur.

**PROTECT YOUR PATIENTS AND YOURSELF**
- Use additional precautions (droplet transmission) when you deal with coughing patients who may have whooping cough.
- Ask the infection control team for advice if you’re caring for a patient with whooping cough.
- Clinical staff must have an adult dTpa vaccine (as outlined in PD2007_006 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases).
- If you have a new or persistent cough, see your GP or staff health promptly.
- If you are diagnosed with whooping cough, stay away from work and infants for 3 weeks or until 5 days of appropriate antibiotic treatment.

**Additional information:**


**Recommended actions by Area Health Services**

1. Forward information to appropriate area for action.
2. Ensure a system is in place to document actions taken.