

- For **individuals in close contact with infants** (e.g. parents, friends, grandparents and siblings) no later than 4 weeks after the birth of the child, provided they have not been vaccinated in the last 10 years.
- For **healthcare and community staff**: a booster if they have not been vaccinated in the last 10 years.

Vaccination therefore offers the best protection against disease.

Is there a treatment?

Early treatment with **antibiotics**, i.e. before but no later than 1–2 weeks after the cough starts can lead to a milder course of the disease.

After that, the medications have no effect on the course of the disease, but they can shorten the time you are contagious. About five days after starting antibiotic therapy, you will no longer infect others.



For statutory health insurance holders:

Some medical services cannot be covered by health insurance companies or cannot be covered in every case (e.g. at the patient's own request) and must therefore be paid by the patient.

Please refer to the order form for individual healthcare services for the current prices.

For private health insurance holders:

Private health insurance will cover the costs according to the valid GOÄ if there has been no previous exclusion of benefits. If you have any questions about this, your doctor will be happy to advise you.



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Whooping cough (pertussis)

A vaccine protects you
and your baby



What is whooping cough?

Whooping cough (pertussis) is one of the most common infectious diseases of the respiratory tract worldwide and is caused by the bacterium *Bordetella pertussis*.

Although it primarily affects newborns, infants and children, whooping cough is no longer considered a classic childhood disease. Infections occur all year-round, with a peak in autumn/winter, and are especially dangerous for infants and pregnant women. Whooping cough can also be caused by *B. parapertussis* and *B. holmesii*, although these infections tend to be milder and shorter.

How is whooping cough spread?

Whooping cough is highly contagious and is passed from person to person in close contact with each other (up to 1m) through droplet transmission from coughing, sneezing and talking.

Regardless of age, people can get infected again and again. Protection lasts for about 7–20 years after infection and about 5–7 years after vaccination.

In adults and adolescents, symptoms are usually relatively mild and therefore not detected.

It is then not uncommon for unprotected or not yet vaccinated newborns and infants to become infected, putting them at risk.



What symptoms can occur?

The disease can last for several weeks to months and typically runs in three stages.

1. Cold-like symptoms such as runny nose and slight cough, usually without a fever, lasting about 1–2 weeks.
2. This is followed by severe, convulsive fits of coughing which can bring up a thick mucus and make you gag or vomit. The coughing fits are characterised by the typical whooping sound when you breathe in. This stage lasts around 4–6 weeks.
3. In the recovery stage, lasting about 6–10 weeks, the coughing fits gradually subside.

In **infants**, the cough can be so severe that it can lead to pauses in breathing with serious consequences such as paralysis, loss of vision or hearing or mental impairment. Infants may even stop breathing altogether with a fatal outcome.

In **adolescents and adults**, on the other hand, the symptoms are often mild or only present as a persistent cough without the severe coughing fits.

What diagnostic tests are available?

The method of diagnosis depends on the stage of the disease.

In the early stage of the infection (within the first 2–3 weeks after the coughing starts), the pathogen has to be detected directly by a PCR test using a nasal swab. In the early stage of the infection, specific antibodies cannot be detected in the blood. This is only possible around 3 weeks after the cough develops.

For infants, the direct pathogen detection test is always the best option, regardless of the stage of infection.

In individual cases, however, a rise in antibody levels can also detect or confirm an infection in infants.

How can I protect myself and others?

A protective vaccination against whooping cough is available. The Standing Committee on Vaccination (STIKO) recommends:



- For **pregnant women** in the early third trimester, vaccination against pertussis, regardless of whether they were vaccinated before pregnancy. This allows antibodies to be transferred to the unborn child in pregnancy and so can protect the infant in the first 2–3 months after delivery. In newborn infants, the vaccination should start as early as possible, i.e. when they are 8 weeks old. If vaccination was not possible during pregnancy, the mother should be vaccinated in the first few days after giving birth.
- For **infants**, start immunisation as soon as possible, i.e. immediately after the age of 8 weeks.
- For **children and adolescents**, booster vaccinations should be given according to the STIKO vaccination schedule.
- For **adults**, at the latest when the next tetanus-diphtheria vaccination is due, when a combined vaccine for whooping cough, tetanus and diphtheria can be given, or when a tetanus vaccination is required in case of injury.