

	NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE	Effective from	October 2026
	WHOOPING COUGH (BORDETELLA PERTUSSIS) Aide Memoire	Review date	October 2028
		Version	1

The most up-to-date version of this document can be viewed at the following web page:
www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

Whooping Cough Aide Memoire

Consult Guidance and isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ [Whooping Cough Care Checklist](#) completed daily

**Patient
Assessed
Daily**

Patient has completed 48 hours
of appropriate treatment?

NO

YES

- ✓ Stop isolation
- ✓ Undertake terminal clean of room

NIPCM 

Guidance - for patients in isolation

Hand Hygiene: Liquid Soap and Water or Alcohol Based Hand Rub

PPE: A Type IIR Fluid Resistant Surgical Mask (FRSM) and disposable yellow plastic apron should be worn for all routine care of the patient. Disposable gloves must be worn when exposure to blood, body fluids and non-intact skin is anticipated or likely. Eye protection should be worn if risk of blood and body fluid splashing. An FFP3 mask must be worn during AGPs and the appropriate fallow time after the procedure depending on the air changed in the room.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean immediately after each use and twice daily

Linens: Treat as infectious

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: 4 – 21

Period of Communicability: until 48 hours of antibiotic treatment has been completed or after 21 days from the onset of symptoms if appropriate antibiotic therapy not received

Notifiable disease: Yes

Transmission route: Direct/Indirect Contact

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Additional Information

Clinical condition	<p>Pertussis is caused by the bacterium <i>Bordetella pertussis</i>. The initial symptoms (catarrhal stage) include: runny nose, fever, cough and apnoea (in babies). Later symptoms (paroxysmal stage) include: paroxysms of many rapid coughs in children this is followed by a high-pitched "whoop", often accompanied with vomiting and exhaustion after coughing fits. Classic infection can last up to 10 weeks in children. Unvaccinated children under 2 years of age are most at risk of complications. Adults do not exhibit the 'whoop' but present with a persistent cough which can last several weeks.</p>
Mode of spread	<p><u>Droplet transmission</u>: Close direct contact, with an infected person via aerosolised droplets from the respiratory tract.</p> <p><u>Indirect contact transmission</u>: The spread of infectious agents from one person to another via a contaminated object.</p> <p><u>Direct contact transmission</u>: Spread of infectious agents from one individual to another by direct skin-to-skin contact.</p>
Persons most at risk	Infants under one year old who have not been immunised have the highest mortality rate.
Contacts	Clinical Team, IPCT and Public Health will be responsible for contact tracing.
Precautions required until	A case is considered infectious from the onset of symptoms until 48 hours of antibiotic treatment has been completed or for 14 days from onset of symptoms if they have not received appropriate antibiotic treatment.
Specimen required	A nasopharyngeal/nasal swab should be taken to confirm whooping cough.
Terminal Clean of Room	As per SOP Terminal Clean of Ward/Isolation Room
Visitors	Visitors do not routinely require PPE unless they are providing direct care to the individual they are visiting. They should be advised to clean their hands on leaving the room / patient.
Further Information	Public Health Scotland Guidelines For Management Pertussis V3