infected with pertussis do not present a potential risk to their contacts, whereas those who have an atypical cough play an important role in the dissemination of disease. An “index case” recognized as typical pertussis in a young child is most often a secondary case, with a symptomatic older sibling or adult being the source of the child’s infection. Nelson observed a twofold increase in the proportion of pertussis cases occurring in infants less than 3 months of age in Dallas between 1959 and 1977. He concluded that young adults who had waning immunity and mild illness increasingly were a major source of infection for very young infants. Formerly, young children had acquired infection from siblings or other children. Long et al. studied infection and antibody responses to Bordetella pertussis in 18 immunized household contacts of four infants who had paroxysmal cough from whom B. pertussis was recovered. Five of the 18 contacts had histories of protracted coughing illnesses that began a mean of 23 days (range, 14 to 30 d) before the diagnosis of the index case, whereas symptoms in the four index cases began a mean of 11 days before diagnosis. Overall, pertussis infection occurred in 15 of 18 contacts (83%), all of whom had elevated serologic tests at the time the index case was diagnosed.

Biellik et al. studied risk factors for household or community acquisition of pertussis during an outbreak in central Wisconsin in 1985, one of the largest community outbreaks of pertussis reported in the United States in recent decades. Eighty percent of primary culture-confirmed cases occurred in patients 12 years of age and older. Fifty percent of infants less than 6 months of age who were identified as true primary cases in family outbreaks acquired their infection from adult relatives or babysitters outside the home.

It is widely believed that upon recognition of a symptomatic case, erythromycin chemoprophylaxis of all household and other close contacts regardless of age or immunization status will limit secondary transmission effectively.

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Comment: With periodic outbreaks of pertussis experienced in a number of different universities around the country each year, this problem does not appear to be going away. In addition, there have been numerous reports of disease outbreaks in adults, who end up with serious morbidity; some even die. I believe that the internists who are responsible for monitoring the health of our adult population should seriously consider, especially if a new vaccine is developed, monitoring pertussis immunity more carefully and perhaps initiating a pertussis booster sometime during teenage years or young adulthood. This might, ultimately, have a significant positive effect on young infants and children as well, as noted in the articles of transmission from young adults to infants.

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