Dear Parent or Guardian,

Whooping cough (pertussis) is currently an epidemic in Washington. This means we’re seeing many more people sick with this disease than usual. Whooping cough can cause hospitalization and even death for young babies. Older kids, teens, and adults often spread the disease to babies. This is a serious situation.

We’ve noticed that your child, ________________________________, has an ongoing or troublesome cough. Children with long-lasting or nagging coughs may have whooping cough.

Please take your child to see a health care provider for his or her cough. Ask your provider to fill out the attached form. Please bring the completed form back to school or child care when your child returns. Make sure you and the rest of your family are up-to-date on your whooping cough immunizations – ask your health care provider about it.

Whooping cough spreads very easily by coughing and sneezing. It begins with cold-like symptoms and develops into a bad cough. Coughing spells can be severe, sometimes ending in gagging or vomiting. Some kids also may have a high-pitched “whoop” after they cough, which is how the disease got its common name (although infants may not cough at all, and some teens and adults don’t have a “whoop” after they cough).

Adults and children may catch whooping cough and spread it to others, even if they were already vaccinated because the vaccine wears off over time.

Sincerely,
Dear Health Care Provider,

Please evaluate this child for cough, and indicate if you suspect pertussis (whooping cough).

Name of Child: ______________________________ Date Evaluated: / / 

Pertussis Suspected? Yes___ No___

IF YES:

• I prescribed antibiotic treatment: Yes___ No___
  Name of antibiotic: ______________________________

• I performed laboratory testing: Yes___ No___

• The child can return to camp, school, or child care on this date (at least 3 weeks after cough onset or when 5 days of an appropriate antibiotic have been completed):
  ______________________________

IF NO:

• I made this diagnosis: ______________________________

• The child can return to camp, school, or child care on this date:
  ______________________________

Health Care Provider Signature ______________________________ Date ______________________________

Health Care Provider Name: ______________________________

Clinic Name: ______________________________ Phone Number: ______________________________