Epidemiological Update Pertussis (Whooping Cough) in the Americas Region

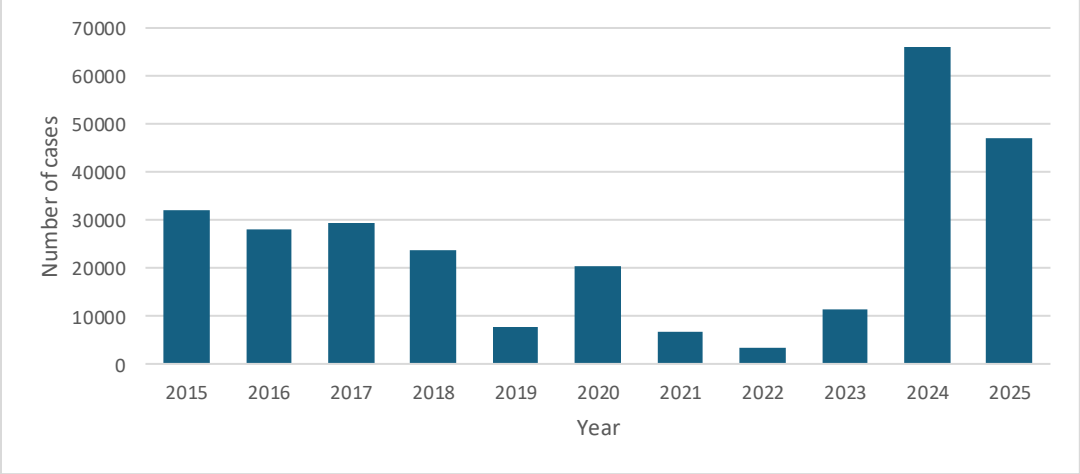
25 March 2026

Summary of the situation

According to the latest data published by the World Health Organization (WHO), globally, 941,582 cases of pertussis were reported in 2024, representing a 5.8-fold increase compared to the number of cases reported in 2023 (n= 163,388 cases) *(1)*. The highest proportion of cases was recorded in the WHO regions of the Western Pacific (n= 593,659 cases) and Europe (n= 298,612 cases) *(1)*.

In the Americas Region, there was a gradual decline in the number of cases reported annually between 2015 and 2019, and again in 2021–2022, when the number reached its lowest point at 3,284 cases. Subsequently, a significant increase in cases was recorded between 2023 (n= 11,202 cases) and 2024 (n= 66,184 cases)[1] , with a moderate decline during 2025 (n= 46,870 cases) (**Figure 1**) *(1–2)*.

Figure 1. Reported pertussis cases in the Americas Region, 2015–2025*.



Note: *For the year 2025, only the information available from the selected countries included in this update is presented. For the years 2023 and 2024, the information on confirmed pertussis cases published by the United States Centers for Disease Control and Prevention is included.

Source: Adapted from the World Health Organization, Immunization data. Pertussis reported cases and incidence. Geneva: WHO; 2025. Available from: https://immunizationdata.who.int/global/wiise-detail-page/pertussis-reported-cases-and-incidence?CODE=Global&YEAR= and data provided by countries or published by Ministries of Health *(1–23)*.

[1] This includes information on confirmed cases of pertussis published by the U.S. Centers for Disease Control and Prevention.

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Vaccination Coverage in the Americas Region

Information on vaccination coverage for the first and third doses of the diphtheria, tetanus, and pertussis (DTP1 and DTP3) vaccine is available in the epidemiological update on pertussis in the Americas Region dated 8 December 2025, available from: https://www.paho.org/en/documents/epidemiological-update-pertussis-whooping-cough-americas-region-8-december-2025 *(2)*.

Summary of the situation in selected countries of the Americas Region

The following is a summary of the situation in 12 selected countries in the Americas Region that reported pertussis cases during 2025 and 2026, listed in alphabetical order.

In **Argentina**, between epidemiological weeks (EW) 1 and EW 53 of 2025, 1,210 confirmed cases of pertussis were reported, including 11 deaths *(4)*. Of the total confirmed cases, 1,068 were laboratory-confirmed. The cumulative incidence was 2.5 cases per 100,000 population. Confirmed cases were reported in 22 jurisdictions across the country. The highest concentration was observed in the Central Region (n= 968), with a predominance of reports among residents of the Province of Buenos Aires (n= 664) and the Autonomous City of Buenos Aires (n= 125). In the Southern Region, 186 cases were confirmed, mainly linked to the outbreak in Tierra del Fuego (n= 140). The most affected age group is children under one year of age (n= 397 cases), accounting for 32.8% of cases, with an incidence rate of 55.0 cases per 100,000 population; of these, 72.8% (n= 289 cases) are children aged 0 to 6 months. The second most affected age group was children aged 1 to 4 years (n= 217 cases), accounting for 17.9%. Among cases with available sex data (n= 1,203), the distribution was similar, with 613 female cases and 590 male cases *(3, 4)*.

In 2026, 215 confirmed cases of pertussis were reported between EW 1 and EW 9, including one death *(4)*. Of the total confirmed cases, 200 were laboratory-confirmed. The cumulative incidence is 0.46 cases per 100,000 population. Confirmed cases were concentrated mainly in the province of Buenos Aires (n= 118), followed by Córdoba (n= 32), the Autonomous City of Buenos Aires (n= 29), and Santa Fe (n= 11). The highest number of cases was observed in the 0–5-year-old age group, with a predominance among children under 1 year of age, who accounted for 37.2% of confirmed cases during the analyzed period. Of these, 51.3% (n= 41 cases) were children aged 0–6 months. The second most affected age group was 1 to 4 years (n= 57 cases), accounting for 26.5%. Among cases with available sex data (n= 214), the distribution was similar, with 108 female cases and 106 male cases. *(3, 4)*.

In **Bolivia**, between EW 1 and EW 53 of 2025, a total of 355 confirmed cases of pertussis have been reported, including 18 deaths, with a cumulative incidence rate of 3.09 cases per 100,000 population, indicating a moderate overall incidence. A higher incidence by age group was observed among children under 1 year of age, with incidence rates of 307.75 in the 0–2-month-old population, 143.46 in the 3–5-month-old group, and 31.62 in the 6–11-month-old group. The highest number of confirmed cases was recorded in the departments of Santa Cruz (n= 214 cases), followed by Beni (n= 48 cases), and La Paz (n= 26 cases). The most affected age group is 0 to 2 months (n= 133 cases) with 37.5%, followed by the 3-5-month-old group (n= 93 cases) with 26.2%. The distribution by sex shows that the highest proportion of cases is among females, accounting for 52.4% (n=186 cases) *(5)*.

Between EW 1 and as of EW 10 of 2026, 44 cases of pertussis have been confirmed, including two deaths, with a cumulative incidence rate of 0.38 cases per 100,000 population. Confirmed cases have been reported in the departments of Santa Cruz (n= 18 cases), followed by Beni (n= 14 cases), Cochabamba (n= 4 cases), La Paz (n= 3 cases), Potosí (n= 2 cases), Chuquisaca (n= 2 cases), and Tarija (n= 1 case). The most affected age groups are children under one year of age, specifically those aged 0 to 2 months (n= 22 cases) accounting for 50%, followed by the 3-5-month-old group (n= 11 cases) at 25%, and the 1 -4-year-old group (n= 7 cases) at 16%. Regarding case characteristics, 61.4% were female (n= 27 cases) *(5)*.

In **Brazil**, between EW 1 and EW 53 of 2025, 2,682 confirmed cases of pertussis were reported to the Notifiable Diseases Information System (SINAN per its acronym in Portuguese), including 12 deaths *(6)*. This was the second-highest number of reported cases in the country since 2019, with 2024 having the highest number of cases *(6)*. Among the states with confirmed cases of pertussis, the highest number of cases was recorded in Minas Gerais (n= 533 cases, including one death), followed by São Paulo (n= 444 cases, including three deaths), Rio Grande do Sul (n= 299 cases, including one death), Paraná (n= 284 cases), and Bahia (n= 208 cases). The most affected age group was children under one year of age (n= 816 cases), accounting for 30.4%, with an incidence rate of 33.1 cases per 100,000 population; of these, 67.3% (n= 549 cases) were children aged 0 to 6 months (5, 6). The second most affected age group was children aged 1 to 4 years (n= 609 cases), accounting for 22.7%. The group aged 30 years or older accounted for 18.1% of cases (n= 486 cases). The distribution by sex shows that the highest proportion of cases was among females, at 54.8% (n= 1,470 cases) *(6)*.

In 2026*, between EW 1 and as of EW 9, 72 confirmed cases of pertussis were reported, including two deaths *(6)*. The majority of confirmed of pertussis were reported in the states of Minas Gerais (n= 14 cases), followed by Bahia (n= 10 cases), São Paulo (n= 9 cases), Pará (n= 6 cases, including one death), and Rio Grande do Sul (n= 4 cases, including one death). The most affected age group was children under one year of age (n= 29 cases), accounting for 40.3% of cases, with an incidence rate of 1.2 cases per 100,000 population; of these, 86.2% (n= 25 cases) were children aged 0 to 6 months (*1*). The second most affected group was children aged 1 to 4 years (n= 12 cases), accounting for 16.7%, followed by the 10-14-year-old group (n= 10), accounting for 13.9%. The distribution by sex shows that females accounted for 51.4% of cases (n= 37 cases) *(6)*.

*An outbreak of pertussis has been reported among the Yanomami indigenous population in the state of Roraima, in northern Brazil. Between 7 January and 13 March 2026, 23 cases were confirmed, including 3 deaths. Data on these cases are currently being entered into the SINAN *(6)*.

In **Chile**, between EW 1 and EW 53 of 2025, 3,387 cases of pertussis have been confirmed, including 6 deaths. The cumulative incidence rate was 17 cases per 100,000 population *(7)*. Cases have been reported in all regions of the country, with higher incidence rates observed in the south-central regions. Notable among these is Los Lagos Region, with a rate of 52 per 100,000 population, followed by Biobío (38 per 100,000) and the Metropolitan Region (17 per 100,000). The remaining regions had rates similar to or lower than the national average. The most affected age groups were children aged 1 to 4 years, accounting for 33% of cases (n= 1,111 cases), followed by the 5-9-year-old group, with 28% (n= 956 cases). The highest age-specific rate was observed in the under-1 age group, with 129 cases per 100,000 population. Regarding case characteristics, 55% of cases were female *(7)*.

Between EW 1 and as of EW 10 of 2026, 1,063 cases of pertussis have been confirmed, including one death, with a cumulative incidence rate of five cases per 100,000 population. Cases have been reported in all regions except the Arica Region, with higher rates observed in the southern regions of the country. Notable regions include Biobío, with an incidence rate of 14 per 100,000 population, followed by Aysén (11 per 100,000) and Araucanía (8 per 100,000). The most affected age groups were children aged 1 to 4 years, accounting for 40% of cases (n= 423 cases), followed by the 20-59-year-old group, accounting for 19% (n= 205 cases). The highest age-specific incidence rate was among children under 1 year of age, with 69.8 cases per 100,000 population. Regarding sex, 54% were female *(7)*.

In **Colombia**, between EW 1 and EW 53 of 2025, 1,178 confirmed cases of pertussis were reported, including 27 deaths (preliminary data). For 2025, a national incidence of 2.22 cases per 100,000 population is recorded, making 2025 the year with the highest number of reported cases in Colombia since 2017. Among the departments and districts with confirmed cases of pertussis, those with the highest numbers are Bogotá, D.C. (n= 321 cases, including six deaths) and Antioquia (n= 299 cases, including eight deaths), with incidence rates of 4.04 and 4.32 cases per 100,000 population, respectively. The most affected age group is children under one year of age (n= 449 cases), accounting for 38.1%, followed by the 1-4-year-old group (n= 209 cases), accounting for 17.7%. The distribution by sex shows that the highest proportion of cases is among females, at 51.8% (n= 610 cases) *(8, 9)*.

In 2025, 143 confirmed cases of pertussis were reported, including 12 deaths among the indigenous population; the cases were distributed across 35 municipalities in 14 territorial entities, with Urrao (Antioquia) being the municipality with the highest number of cases (n= 27), followed by Tierralta (Córdoba) (n= 19 cases), and Bagadó (Chocó) (n= 16) *(8, 9)*.

In 2026, between EW 1 and EW 9, 190 confirmed cases of pertussis were reported; the national incidence of pertussis is 0.36 cases per 100,000 population. The highest number of cases was recorded in Antioquia, with an incidence of 0.55 cases per 100,000 population (n= 38 cases), and Bogotá, D.C., with 0.33 per 100,000 population (n= 26 cases). The most affected age groups are children under 1 year of age, accounting for 47% of cases (n= 90 cases), followed by the 1-4-year-old group, accounting for 27% (n= 51 cases). Regarding the breakdown of cases, 54% were female (n= 102 cases) and 46% were male (n= 88 cases) *(8, 9)*.

In **Ecuador**, between EW 1 and EW 53 of 2025, a total of 2,798 cases of pertussis have been reported, including 50 deaths. The cumulative incidence rate is 14.1 per 100,000 population. The highest number of confirmed cases was recorded in the province of Manabí (n= 928 cases, including four deaths), followed by Pichincha (n= 461 cases, including 8 deaths) and Guayas (n= 376 cases, including 27 deaths). The most affected age group was children under one year of age (n= 945 cases, including 32 deaths) at 34%, followed by the 1-4-year-old group (n= 548 cases) at 19%. The distribution by sex shows that the highest proportion of cases is among females, at 51% (n=1,422 cases) *(10,11)*.

Between EW 1 and as of EW 10 of 2026, 55 confirmed cases of pertussis have been reported. The highest number of confirmed cases was recorded in the province of Morona Santiago (n= 18 cases), followed by Pichincha (n= 11 cases) and Manabí (n= 9 cases). The most affected age group was children under one year of age (n= 33 cases, accounting for 60%), followed by the 1-4-year-old group (n= 6 cases) with 11%. The distribution by sex shows that the highest proportion of cases was among males, at 56% (n= 31 cases) *(10,12)*.

In the **United States of America**, based on provisional data, 28,783 confirmed and probable cases of pertussis were reported between EW 1 and EW 53 of 2025, including 16 deaths *(13)*. Pertussis activity increased significantly, with the highest number of cases recorded since 2012 (n= 43,321 cumulative cases as of EW 53 of 2025). Cases peaked nationally in November 2024 and remained elevated throughout 2025 compared with data from before the COVID-19 pandemic. The states with the highest number of confirmed and probable pertussis cases in 2025 were Washington (n= 2,127 cases), Texas (n= 1,805 cases), California (n= 1,703 cases), and Oregon (n= 1,560 cases). The most affected age groups were those aged 11 to 19 years, accounting for 27% of cases (n= 7,729 cases), and those aged 1–6 years (n= 7,523 cases), accounting for 26%. Deaths were reported primarily among children under 1 year of age (n= 10 deaths) *(13, 14)*.

Between EW 1 and as of EW 10 of 2026, 2,355 confirmed cases of pertussis have been reported, including one death. The states with the highest number of confirmed and probable pertussis cases during EW 1 through EW 10 of 2026 were California (n= 261 cases), Texas (n= 181 cases), Ohio (n= 159 cases), and Florida (n= 150 cases). The most affected age groups were those aged 1 to 6 years, accounting for 29% of cases (n= 672), followed by those aged 11 to 19 years, accounting for 23% (n= 533) *(13, 15)*.

In **Honduras**, from EW 1 through EW 53 of 2025, a total of 114 confirmed cases of pertussis were reported, including seven deaths, with a cumulative incidence rate of 1.14 cases per 100,000 population. The highest number of confirmed cases was recorded in the health regions of Cortés (n= 23 cases), followed by Distrito Central (n= 22 cases), the San Pedro Sula Metropolitan Area (n= 20 cases), Atlántida (n= 13 cases), Colón (n= 8 cases), El Paraíso (n= 7 cases), and Yoro (n= 6 cases). The most affected age group was children under one year of age, with 76 cases, representing 67% of all cases; within this group, 38% (n= 29 cases) were under 2 months of age; the second most affected age group was those over 5 years of age, accounting for 24% of all cases (n= 28 cases). The distribution by sex shows that the largest proportion of cases was among females, accounting for 54.3% (n= 62 cases) *(16)*.

Between EW 1 and as of EW 10 of 2026, 86 cases of pertussis have been confirmed, including nine deaths, with a cumulative incidence rate of 0.84 cases per 100,000 population. The majority of cases have been reported in the following health regions: San Pedro Sula Metropolitan (n= 16 cases), Central District (n= 15 cases), Cortés (n= 13 cases), Yoro (n= 11 cases), and Comayagua (n= 6 cases). The most affected age groups are children under one year of age, accounting for 74% of cases (n= 64 cases), followed by the 1-4-year-old group, accounting for 14% (n= 12 cases). Regarding case characterization, 57% (n= 49 cases) correspond to female *(16)*.

In **Mexico**, between EW 1 and EW 53 of 2025, 1,596 confirmed cases of pertussis were reported, including 72 deaths. Cases were recorded in 31 federal entities across the country. The cumulative incidence was 1.2 cases per 100,000 population. The cases reported during 2025 exceed the figures recorded in the country over the past ten years. The states with the highest number of confirmed cases were Mexico City (n=155 cases, including ten deaths), Chihuahua (n= 149 cases, including seven deaths), Nuevo León (n= 141 cases, including seven deaths), and Aguascalientes (n= 102 cases, including two deaths). The most affected age group was children under one year of age (n= 777 cases), accounting for 48.6%, followed by the 1-4-year-old group (n= 232 cases), accounting for 14.5%. The distribution by sex shows

that the highest proportion of cases was among females, at 57.5% (n= 918 cases). Of the total deaths recorded in 2025, 96% were among children under 1 year of age with no history of vaccination (n= 69 cases); of these, 61 cases were among children under 6 months of age *(17, 18)*.

Between EW 1 and as of EW 10 of 2026, 50 cases of pertussis have been confirmed, including two deaths, with a cumulative incidence rate of 0.03 cases per 100,000 population. The states with the highest number of confirmed cases are Chihuahua (n= 12 cases), Coahuila (n= 8 cases), and Chiapas (n= 7 cases). The most affected age group was children under one year of age (n= 29 cases), accounting for 58%, followed by the 1–4-year-old group (n= 7 cases), accounting for 14%. The distribution by sex shows that the highest proportion of cases was among males, at 52% (n= 26 cases) *(17, 18)*.

In **Panama**, between EW 1 and EW 53 of 2025, 52 confirmed cases of pertussis were reported, including two deaths. Of the total confirmed cases, 51 were laboratory-confirmed and one case was confirmed by epidemiological link. The cumulative incidence is 1.14 cases per 100,000 population. Cases were reported in seven provinces and one district. The provinces and districts with confirmed cases are Ngäbe Buglé (n= 18 cases, including one death), Panama (n= 22 cases, including one death), Panama Oeste (n= 4 cases), Colón (n= 3 cases), Herrera (n= 2 cases), Los Santos (n= 1 case), Chiriquí (n= 1 case), and Coclé (n= 1 case). By age group, the most affected are children under one year of age (n= 12 cases) at 23.1%, followed by the 1–4-year-old group (n= 10 cases) and the 5–14-year-old group (n= 10 cases) at 19% each. The distribution by sex shows that the largest proportion of cases is among females, at 65.4% *(19)*.

Between EW 1 and as of EW 10 of 2026, 20 cases of pertussis have been confirmed, including one death. The cumulative incidence rate is 0.43 cases per 100,000 population. Cases have been reported in the provinces and regions of Ngäbe Buglé (n= 10 cases), Panama (n= 3 cases), West Panama (n= 3 cases), Chiriquí (n= 2 cases), and Colón (n= 2 cases). The most affected age groups are children under one year of age, accounting for 35% of cases (n= 7 cases), followed by the 1-4-year-old group, accounting for 20% (n=4 cases). Regarding case characterization, 60% correspond to males (n= 12 cases). *(19)*

In **Paraguay**, between EW 1 and EW 53 of 2025, 83 confirmed cases of pertussis were reported, including seven deaths. Of the total, 78 cases were confirmed by laboratory and five through epidemiological linkage. The cumulative incidence was 1.29 cases per 100,000 population. The cases reported during 2025 exceeded the figures recorded in the country since 2018. Cases were confirmed in 12 departments and in Asunción. The highest number of confirmed cases was recorded in Central (n= 39 cases, including two deaths), followed by Asunción (n= 13 cases), Alto Paraná (n= 10 cases), Paraguarí (n= 3 cases), San Pedro Norte (n= 3 cases, including one death), Itapúa (n= 3), Boquerón (n= 2 cases), Misiones (n= 2 cases), Presidente Hayes (n= 2 cases), Guairá (n= 2 cases), Caaguazú (n= 2 cases), Amambay (n= 1 case), and Concepción (n= 1 case). The most affected age group was children under 1 year of age, accounting for 51% of cases (n= 42 cases), including all deaths (n= 7 cases). This was followed by the 1-4-year-old age group, with 15 cases. The distribution was even in terms of sex *(20-22)*.

In 2026, between EW 1 and as of EW 10, 16 pertussis cases have been confirmed, with no deaths reported as of the end of the period. The cumulative incidence rate nationwide was 0.25 cases per 100,000 population. The cases are distributed across four departments and Asunción. In Central (n= 10 cases), Alto Paraná (n= 3 cases), Caaguazú (n= 1 case),

Presidente Hayes (n= 1 case), and Asunción (n= 1 case). By age group, seven cases were recorded in children under one year of age and six in children aged one year. Regarding demographic characterization, 56% of the cases corresponded to females (n= 9 cases) *(20–22)*.

In **Peru**, between EW 1 and as of EW 53 of 2025, 4,632 confirmed cases of pertussis were reported, including 76 confirmed deaths *(23)*. The cumulative incidence is 13.62 cases per 100,000 population. The cases reported during 2025 exceed the figures recorded in the country since 2013. Cases were reported in 24 departments across the country, with the highest number of reports in the departments of Loreto (n= 3,707 cases, including 57 deaths), Lima (n= 227 cases, including seven deaths), Puno (n= 129 cases, including one death), Cusco (n= 77 cases, including three deaths), Arequipa (n= 66 cases, including one death), Lambayeque (n= 64 cases), and Cajamarca (n= 53 cases, including two deaths). The cases reported in the department of Loreto are primarily linked to an outbreak in indigenous communities in the province of Datem del Marañón *(25)*. The distribution by age group at the national level shows that 28.7% (n= 1,331 cases) correspond to the 1–4-year-old age group, 28.6% (n= 1,326 cases) to the 5–11-year-old age group, and 14.8% (n=686 cases) to children under one year of age. Of the total cases, 51.4% (n= 2,382) were reported among females *(23)*.

Between EW 1 and as of 10 of 2026, 278 confirmed cases were reported, including nine deaths, with a cumulative incidence for the period of 0.8 cases per 100,000 population. Cases were reported in 21 departments across the country, with the highest number of reports in the departments of Lima (n= 64 cases, including one death), Puno (n= 34 cases, including one death), Lambayeque (n= 28 cases, including one death), Arequipa (n= 26 cases), Loreto (n= 22 cases), La Libertad (n= 20 cases, including two deaths), and San Martín (n= 17 cases, including two deaths). The distribution by age group at the national level shows that the most affected group was infants under one year of age for 41% (n= 114 cases), followed by the 1-4-year-old age group, accounting for 22.3% (n= 62 cases), and the 5-11-year-old age group with18.3% (n= 51 cases). Of the total cases, 56.8% (n= 158) were reported in females *(23)*.

Recommendations

PAHO/WHO hereby reminds Member States of the key recommendations for surveillance, diagnosis and laboratory testing, vaccination, clinical management and treatment, and risk communication:

Surveillance

Strengthen surveillance to monitor disease trends, identify outbreaks and conduct contact tracing, monitor the disease burden, and evaluate the impact of the vaccination strategy and control measures implemented. In addition, countries are encouraged to strengthen their laboratory diagnostic capabilities, which will improve the reporting and characterization of pertussis outbreaks in the Americas Region. Each pertussis outbreak should be carefully studied to improve understanding of the disease's epidemiology in the Americas Region. Member States are advised to intensify surveillance efforts for hospitalized children under one year of age.

Laboratory diagnosis

Laboratory confirmation is essential to ensure an accurate diagnosis and appropriate treatment. The diagnostic tests used in the laboratory to detect *Bordetella pertussis* infection include culture, polymerase chain reaction (PCR), and serology *(24)*. The gold standard for etiological diagnosis is *B. pertussis* culture, using nasopharyngeal specimens collected during the catarrhal and early cough phases. It is a highly specific test (100%), but not very sensitive (up to 60%) and requires selective media. Culture positivity is higher in samples obtained during the first two weeks after the onset of coughing. PCR for *Bordetella* is a more sensitive test and can be performed using the same types of samples as those used for culture. PCR is most sensitive in samples obtained within the first three to a maximum of four weeks after the onset of coughing.

Serological diagnosis is based on the detection of a significant increase in the concentration of specific antibodies in paired samples (catarrhal phase and convalescent phase) from infected individuals. Serological testing is not recommended in children under one year of age due to potential interference from maternal antibodies, an immature immune system, or interference from antibodies generated by recent vaccination. This test cannot be used for diagnosis during the year following vaccination. It is used during epidemic outbreaks, when the diagnosis is established retrospectively, and also for the detection of cases in adolescents and adults who have had a cough lasting more than two weeks *(25)*.

In resource-limited settings and during larger outbreaks, collecting samples from a subset of initial cases (e.g., the first 5 to 10) may be sufficient to confirm the outbreak. Additional cases can be linked through epidemiological analysis. After one or two months, reconfirmation may be necessary to determine whether the outbreak is ongoing *(26)*.

Vaccination

Pertussis vaccines are available in combination formulations that include other antigens such as DTP (diphtheria, tetanus, and pertussis), Tdap, hepatitis B, *Haemophilus influenzae* type b (Hib.), and poliovirus. DTP-containing vaccines can be administered starting at six weeks of

age, and three doses are required in the primary series. Booster doses are required to maintain immunity levels against the disease (**Table 1**) *(27)*.

Table 1. Recommended immunization schedule for the Americas Region

	Primary			Booster		
Vaccination Schedule	1[a] (DTP1)	2[a]	3[a] (DTP3)	4[a]	5[a]	6[a]
	2 months / 1st contact	4 months	6 months	12–23 months*	4–7 years**	9–15 years***
	With DTP	With DTP	With DTP	With DTP	Td/DT/With DTP	Td/TdaP

* Pertussis booster dose: A booster dose is recommended for children aged 1 to 6 years, preferably during the second year of life.
** For children under 7 years of age, combinations of whole-cell diphtheria, tetanus, and pertussis (DTwP) or acellular diphtheria, tetanus, and pertussis (DTaP) may be used.
*** Whole-cell pertussis vaccines are not recommended for children older than 7 years

Source: Adapted from the Pan American Health Organization. Technical Advisory Group (TAG) on Vaccine-Preventable Diseases, TAG recommendations for Pertussis (whooping cough); Washington, D.C.: PAHO; 2019. Available from: 1999-2024-tag-recommendations-pertussis.pdf and from the Pan American Health Organization. Control of diphtheria and pertussis: Field guide. Washington, D.C.: PAHO; 2025. Available in English at: https://www.paho.org/en/documents/control-diphtheria-and-pertussis-field-guide .

It is important to analyze vaccination coverage among children aged 1 year and under 5 years, with special emphasis on identifying population groups with low coverage. Countries should ensure coverage with three doses of *B. pertussis* vaccines exceeding 95% in children (regional target) *(27)*.

Healthcare workers should be vaccinated with a booster dose, prioritizing maternity ward staff and caregivers of newborns and children under 1 year of age, to prevent nosocomial transmission to infants and immunocompromised individuals *(27)*.

Immunize pregnant females with the Tdap vaccine to protect the newborn as an effective complementary strategy to routine primary vaccination against childhood pertussis, especially in countries or settings with high infant mortality from pertussis. It is recommended to administer the Tdap vaccine during pregnancy, during the second or third trimester and at least 15 days before delivery. Monitoring Tdap vaccination in pregnant females is key: for the strategy to work, we must achieve and maintain a minimum coverage of 50% *(28)*.

Clinical Management

Respiratory isolation is recommended for identified cases. Suspected and confirmed cases should be kept separate from infants and young children, especially unvaccinated infants, until patients have received antibiotics for at least five days. Suspected cases not receiving antibiotic s should be kept in isolation for three weeks after the onset of paroxysmal cough or until the cough resolves, whichever comes first *(25)*.

Treatment

Antibiotics, such as macrolides (erythromycin, clarithromycin, and azithromycin), can shorten the period of transmissibility but are unlikely to reduce the severity or duration of the illness unless administered before the paroxysmal stage begins *(25)*.

Risk Communication

It is recommended to promote the dissemination of public health messages aimed at physicians and the general public, with the goal of improving early recognition, reporting, and prompt treatment of pertussis cases.

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