



“World Pertussis Day” –

To Raise the Awareness and to Protect Those Most at Risk of Pertussis,
Joint Statement by The Asian Society for Pediatric Infectious Diseases (ASPID),
World Society for Pediatric Infectious Diseases (WSPID), Asia Pacific Pediatric
Association (APPA), Hong Kong Chinese Medical Association (HKCMA) and its
collaborating associations and experts

On World Pertussis Day, the Asian Society for Pediatric Infectious Diseases (ASPID) and its collaborating associations and experts issue this joint statement to “Raise Awareness and to Protect Those Most at Risk of Pertussis”. Pertussis, commonly known as whooping cough (often referred to as the ‘100-Day Cough’), is an acute, highly contagious respiratory infection caused by the bacterium *Bordetella pertussis*, which was discovered by **Professor Jules Bordet, who was born on 13th June 1870**. Professor Bordet was awarded the Nobel Prize in Medicine in 1919. *Bordetella pertussis* is spread by droplets when an infected person coughs or sneezes, or via close contact with respiratory secretions. The disease occurs following an incubation period of 9–10 days (range 6–20 days). The illness is characterised by three stages: catarrhal, paroxysmal, and convalescent stages.

In the **catarrhal stage**, the patient has low-grade fever and coryzal symptoms; some infants with pertussis may present as apnoea (life-threatening pauses in breathing). In the **paroxysmal stage**, there is violent and repeated coughing followed by a high-pitched intake of breath, or a “whoop” (hence the common name of whooping cough). The cough may last for two to three months. Some patients may vomit after coughing, and some babies and young children may develop cyanosis (turning blue or purple). The patients will be exhausted after these coughing episodes. Complications of pertussis include respiratory obstruction, atelectasis, emphysema, pneumomediastinum, subcutaneous emphysema, bronchiectasis, and pneumonia, pulmonary hypertension induced by an elevated white blood cell count after infection, brain hypoxia & brain edema, pertussis encephalopathy, coma, and death. In the **convalescent stage**, the cough gradually subsides, and the patient recovers. The convalescent stage may last for several months.

Pertussis affects people of all ages. While vaccinated adolescents may generally have a mild,

nonspecific, and atypical course, **infants, particularly those too young to be vaccinated, immunocompromised individuals, or older adults with comorbidities are at the greatest risk of severe disease and death following infection.** Compared with adults without airway diseases, those with chronic obstructive pulmonary disease or asthma are at increased risk of acquiring pertussis and more severe disease. Adults may spread the infection to vulnerable, unvaccinated infants.

Pertussis is endemic worldwide, with cyclical peaks occurring every three to five years. There was reduced occurrence of pertussis during the COVID-19 pandemic, mainly due to social distancing measures; pertussis cases have rebounded significantly worldwide since 2023. According to the World Health Organization (WHO), the global incidence of pertussis, which ranged from 4.9 to 9 per million population during 2020–2022, has increased to 137 per million population in 2024, **indicating a sharp resurgence across many regions.** In 2024, the number of pertussis cases reported was 476% greater than that registered in 2023. Various regions and countries in Asia are facing a resurgence of pertussis.

Key factors driving the resurgence of pertussis in these regions and countries include **reduced natural boosting of immunity** due to lower disease circulation during the COVID-19 pandemic, **reduced uptake of the vaccine due to vaccine hesitancy, waning of natural and vaccine-acquired immunity** (especially with acellular pertussis vaccine), **enhanced case detection** through increased use of polymerase chain reaction (PCR) testing, as well as the **emergence of resistant strains.** Besides, in countries with high vaccine coverage, the peak onset of pertussis is shifting from infancy to adolescence, and **adolescents are becoming the main source of infection for infants.**

Effective Strategies to control pertussis infection and resurgence include:

1. **Maintaining good personal and environmental hygiene** is an important preventive measure.
2. **Vaccination is the most effective way to protect against serious disease, complications, and death resulting from pertussis.** Vaccination against *Bordetella pertussis* can be in the form of:
 - i. **Maternal Immunisation:** vaccination should be given to pregnant women at the 2nd or 3rd trimester of pregnancy (Tdap): a) to prevent pregnant women from getting pertussis and passing pertussis to the infant, b) the antibodies produced can be transferred to the foetus and to protect the newborns;
 - ii. **Infant and adolescent Immunisation:** The World Health Organisation (WHO) recommends providing all infants with three doses of pertussis vaccine (DTaP) in infancy, with two booster doses in children (DTaP) and one dose in adolescents (Tdap).
 - iii. **Booster vaccination in adults:** Adult pertussis vaccination is an important strategy for reducing disease burden, particularly in older adults and those with

underlying health conditions. Some countries advocate pertussis booster vaccine for adults (Tdap).

- 3. Post-Exposure Prophylaxis** (within 21 days of exposure): recommended for household contacts of a pertussis patient, people at high risk of developing pertussis infection, and those individuals who have contact with people at high risk of developing pertussis infection.

However, one of the growing challenges to public health is **“Vaccine Hesitancy”**, which is defined as the delay in acceptance or refusal of vaccines despite their availability and strong supporting evidence. Changes in vaccine recommendations, misinformation, and public misunderstanding can contribute to increased **“Vaccine Hesitancy”**. This has led to the resurgence of diseases that were once under control or eliminated.

Pertussis remains a global health threat, a significant public health challenge, and a cause of mortality in children. **World Pertussis Day (13th June), chosen in honour of Professor Jules Bordet**, aims to raise awareness of pertussis as an important and preventable disease, to advocate for improved disease surveillance, to improve understanding of the increasing incidence of reported pertussis, to **develop and recommend effective immunization strategies, and to achieve the goal of reducing the risk of severe pertussis in infants and young children**. Therefore, the **Asian Society for Pediatric Infectious Diseases and its collaborating associations and experts issue this joint statement on the “World Pertussis Day” to “Raise Awareness and to Protect Those Most at Risk of Pertussis”**.

We strongly urge the public to seek guidance from local health experts and to receive appropriate vaccines against vaccine-preventable diseases as soon as possible. We also call upon healthcare providers, experts in the field, and public health authorities to strengthen health education, communicate accurate information, and raise public awareness about the importance and safety of vaccines.

The Asian Society for Pediatric Infectious Diseases and its collaborating associations and experts are committed to working in accordance with the latest scientific evidence, particularly regarding vaccine development, recommendations, and implementation. We will continue to collaborate closely with regional and international partners to monitor emerging infectious diseases, support effective immunisation programs, and promote vaccine confidence to protect the health of children and communities across Asia and the world.

13th June 2026

Appendix: The following experts, scientific and society organizations endorse this Joint Statement:

- 1. Asian Society for Pediatric Infectious Diseases (ASPID)**
- 2. World Society for Pediatric Infectious Diseases (WSPID)**
- 3. Asia Pacific Pediatric Association (APPA)**
- 4. Hong Kong Chinese Medical Association (HKCMA)**
- 5. The Hong Kong Society for Paediatric Immunology, Allergy and Infectious Diseases (HKSPIAID)**
- 6. The Hong Kong Society for Infectious Diseases (HKSID)**
- 7. Infection and Tropical Diseases Working Group of the Indonesian Pediatric Society**
- 8. The Hacettepe University Faculty of Medicine, Department of Pediatric Infectious Diseases, Ankara, Türkiye**
- 9. Hong Kong College of Nursing**
- 10. Hong Kong College of Paediatric Nursing**
- 11. Centre for Health Education and Health Promotion, The Chinese University of Hong Kong**
- 12. Macau Pediatric Society**
- 13. Hong Kong Society of Paediatric Respiriology and Allergy (HKSPRA)**
- 14. Chest Delegation Hong Kong and Macau**
- 15. Hong Kong Thoracic Society (Limited)**
- 16. The Association of Licentiates of the Medical Council of Hong Kong**
- 17. Professor Yang Yonghong, Pediatric Infectious Disease Expert, National Children's Health Center, Beijing, China**
- 18. Dr. Xiong Xiaoli, Chief Physician, Wuhan Children's Hospital**
- 19. Dr. Xie Xinbao, Chief Physician, Department of Infectious Diseases, Children's Hospital Affiliated to Fudan University**
- 20. Dr. Lu Huang, Pediatric Respiratory Medicine, Shenzhen Children's Hospital, Guangdong, China**
- 21. Dr. Jiaosheng Zhang, Shenzhen Children's Hospital, Department of Infectious Diseases**
- 22. Dr. Hon David LAM Tzit-yuen, Member of the Legislative Council (Healthcare)**
- 23. Hong Kong Respiratory Nursing College**
- 24. Asian Medical Expert Academy**
- 25. The Hong Kong Paediatric and Adolescent Dermatology Society**
- 26. The Hong Kong Midwives Association**
- 27. Hong Kong Infection Control Nurses Association**
- 28. The Hong Kong School Nurses Association Ltd.**
- 29. Hong Kong Early Childhood Educators Association**
- 30. The Silveriders**

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