



From the Texas Department of State Health Services Immunization Branch

*The goal of the Vaccine Advisory is to disseminate, in a timely manner, practical information related to vaccines, vaccine-preventable diseases, and the vaccine programs managed by the Immunization Branch. The Immunization Branch welcomes readers' input to improve the contents of this document.*

To view past issues, go to: [www.dshs.state.tx.us/immunize/vacadvise/](http://www.dshs.state.tx.us/immunize/vacadvise/)

**Advisory No. 20**

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### **Updated Recommendations for Use of Tdap in Pregnant Women**

On June 22, 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) approved new recommendations for use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) in pregnant women, and updated Tdap recommendations for persons in contact with infants and special situations.

This advisory summarizes the new recommendations published in the October 21, 2011 issue of the *Morbidity and Mortality Weekly Report* (MMWR). To read the full report, visit: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s\\_cid=mm6041a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_e).

#### **This advisory contains:**

1. Background information
2. Summary of ACIP's recommendations for Tdap vaccine
3. Texas Vaccines for Children program (TVFC)
4. ImmTrac
5. Texas school and child-care facilities requirements for Tdap vaccine
6. Epidemiology and surveillance
7. Reporting vaccine adverse events
8. Resources

## 1) Background

Compared with older children and adults, infants less than 12 months of age have substantially higher rates of pertussis and the largest burden of pertussis-related deaths. The CDC reports there have been about 3,055 infant pertussis cases and 19 deaths each year since 2004. The majority of pertussis cases, hospitalizations, and deaths occur in infants less than 12 months of age who are too young to be vaccinated; therefore, other strategies are required for prevention of pertussis in this age group.

A woman vaccinated with Tdap during pregnancy will pass on maternal pertussis antibodies to her baby, which may provide protection against pertussis in early life, before the infant begins the primary tetanus, diphtheria and pertussis, series. The vaccine will also protect the mother at time of delivery, making her less likely to transmit pertussis to her infant.

In June of 2011, the ACIP presented updated recommendations on the use of Tdap in unvaccinated pregnant women, and updated Tdap recommendations for persons in contact with infants and special situations. These recommendations are in line with the overall CDC strategy to reduce the burden of pertussis disease in infants and are consistent with existing ACIP recommendations for use of Tdap.

## 2) Summary of ACIP's New Tdap Recommendations

### • Use of Tdap in pregnant women

Women's health care providers should implement a Tdap vaccination program for pregnant women who previously have not received Tdap. Health care providers should administer Tdap during pregnancy, preferably during the third or late second trimester (after 20 weeks' gestation). Alternatively, if not administered during pregnancy, Tdap should be administered immediately postpartum.

### • Vaccination of adolescents and adults in contact with infants (cocooning)

Adolescents and adults who have or who anticipate having close contact with an infant less than 12 months of age (e.g., parents, siblings, grandparents, child-care providers, and health-care providers) and who previously have not received Tdap should receive a single dose of Tdap to protect against pertussis. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant.

### • Special situations

#### Pregnant women due for tetanus booster

If a tetanus and diphtheria booster vaccination is indicated during pregnancy for a woman who has previously not received Tdap (i.e., more than 10 years since previous Td), then health care providers should administer Tdap during pregnancy, preferably during the third or late second trimester (after 20 weeks' gestation).

#### Wound management for pregnant women

As part of standard wound management care to prevent tetanus, a tetanus toxoid-containing vaccine might be recommended for wound management in a pregnant woman if 5 years or more have elapsed since the previous Td. If a Td booster is indicated for a pregnant woman who previously has not received Tdap, health care providers should administer Tdap.

#### Pregnant women with unknown or incomplete tetanus vaccination

To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and

reduced diphtheria toxoids during pregnancy. The recommended schedule is 0, 4 weeks, and 6 to 12 months. Tdap should replace 1 dose of Td, preferably during the third or late second trimester (after 20 weeks' gestation) of pregnancy.

### 3) Texas Vaccines for Children program

The VFC program follows the ACIP recommendations for the use of Tdap vaccines for VFC eligible children through 18 years of age.

Tdap is indicated for a single booster dose at age 11 or 12 years if the childhood DTP/DTaP vaccination series has been completed. Tdap is preferred over Td as adolescents are susceptible to pertussis due to waning immunity, though Td may be indicated rather than Tdap in special situations (more information is available at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s\\_cid=rr5503a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a1_e)).

Adolescents who did not receive Tdap at age 11 or 12 should receive a single dose of Tdap in place of a single Td booster dose. Tdap can be administered regardless of interval since the last tetanus or diphtheria containing vaccine.

Tdap should be given to children 7 through 18 years of age who:

- have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series;
- have received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was administered at age 4 years or older; or
- have never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td). The preferred schedule is a single Tdap dose, followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series. For Tdap catch-up, refer to the following chart.

Dosage Intervals for Tdap/Td Catch-up				
Vaccine	Minimum Age	Minimum interval between doses		
		Dose 1-2	Dose 2-3	Dose 3-4
Tdap/Td Catch-up schedule	7 years	4 weeks	6 months	5 years

More information about the catch-up schedule is available at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s\\_cid=rr5503a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a1_e).

For other questions or information, please contact your health service region or TVFC consultant.

#### 4) ImmTrac

ImmTrac users can report Tdap vaccines administered using CPT code 90715 and brand names Boostrix<sup>®</sup> or Adacel<sup>®</sup>.

For more information about ImmTrac, please refer to: [www.ImmTrac.com](http://www.ImmTrac.com).

#### 5) Texas school and child-care facilities requirement for Tdap vaccine

In 2009, the state of Texas adopted new Tdap immunization requirements. Following is a highlight of the new Tdap requirement:

- **7<sup>th</sup> grade students** – All students entering 7<sup>th</sup> grade are required to have one dose of Tdap vaccine if at least 5 years have passed since their last dose of a tetanus-diphtheria-containing vaccine.
- **8<sup>th</sup> through 12<sup>th</sup> grade students** – Students in grades 8-12 are required to have a booster dose of Tdap if it has been 10 years since their last dose of tetanus-diphtheria-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.

A chart of all the required vaccines can be viewed at:

<http://www.dshs.state.tx.us/immunize/school/default.shtm#inforschoolchildcare>

#### 6) Epidemiology and surveillance

Pertussis, or whooping cough, is an acute, highly infectious, toxin-mediated disease caused by the bacterium *Bordetella pertussis*. The majority of cases occur in children under 10, with infants being most severely affected and often needing hospitalization. Adults and adolescents may also get the disease, but it is generally milder and may go undetected. Adults and adolescents are still capable of transmitting the disease, even in the mild form. In 2010, there were 2,848 cases of pertussis in Texas, of which 1,855 (65%) were in children under age 10. Pertussis typically peaks in 3-5 year cycles. The United States experienced a peak in 2010, with the last one occurring in 2005.

Pertussis is a reportable condition in Texas. All suspected cases are to be reported to the health department within 1 working day. To report pertussis, please call (800) 705-8868.

#### 7) Reporting Vaccine Adverse Events

An adverse event is a health problem that is reported after someone gets a vaccine or medicine.

Adverse events from privately purchased vaccine should be reported directly to VAERS at <http://vaers.hhs.gov/>. Secure web-based reporting is available on the VAERS website. You may also contact VAERS at (800) 822-7967 for forms and information.

In Texas, reports of adverse events following vaccination at public health clinics or with vaccine provided through public funding such as the Texas Vaccines for Children (TVFC) program should be reported through the Texas Department of State Health Services, Immunization Branch via fax or mail.

- Fax a completed VAERS Form to: (866) 624-0180 (toll-free)
- Mail a completed VAERS form to DSHS, Immunization Branch, MC-1946, P.O. Box 149347, Austin, TX 78714-9347

A copy of the form is also available in the TVFC Toolkit. For more information about VAERS, or for a pre-addressed postage-paid VAERS form, you can contact DSHS at (800) 252-9152.

## 8) Resources

- VIDEO – Tdap: Now for Pregnant Women and 65 Plus (CDC in partnership with Medscape)  
<http://www.medscape.com/viewarticle/749020>
- Guidelines for the Control of Pertussis Outbreaks  
<http://www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm>
- Tdap and Td Vaccines and Pregnancy (10/21/11)  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm>
- Historical: Archived recommendations (previous version)  
<http://www.cdc.gov/vaccines/pubs/ACIP-list-archived-recs.htm#tdappreg>
- Tdap Vaccine Information Statement (VIS):  
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-td-tdap.pdf>
- The DSHS Addendum to the Meningococcal VIS is available at:  
<http://www.dshs.state.tx.us/immunize/literature/litlist.shtm> (Scroll down to number 19)

*We hope you generously forward this advisory to others who may benefit from this information.*

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P.O. Box 149347, Austin, Texas 78714-9347 (512) 458-7284 or (800) 252-9152  
[www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)

