



Ron Chapman, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

Dear California Prenatal Care Provider:

As part of efforts by the California Department of Public Health (CDPH) to prevent infant deaths due to pertussis, recommendations to vaccinate pregnant women with tetanus, diphtheria and acellular pertussis (Tdap) vaccine were issued in July 2010.¹

In addition, in June 2011, the U.S. Advisory Committee on Immunization Practice (ACIP), voted to recommend that pregnant women receive Tdap.² These recommendations are in line with the overall Centers for Disease Control and Prevention (CDC) strategy to reduce the burden of pertussis disease in infants.

CDPH would like to gather information about the use of vaccines in OB-GYN patients, including whether or not pregnant women are receiving Tdap in California as well as data on barriers to vaccinating pregnant women.

Your assistance in completing an online survey as soon as is feasible will be greatly appreciated (one response per practice or clinic). All questions refer only to OB-GYN patients. No information about individual responses will be made public.

The survey is available at: <https://www.surveymonkey.com/s/DJLZ8WH>.

In addition, we'd like to let you know that ACOG has launched an immunization website at: www.immunizationforwomen.org

Thank you very much for your assistance in completing this important survey. If you have any questions about the survey, please contact Kathleen Winter at 510-620-3770 or at kathleen.winter@cdph.ca.gov

Sincerely,

A handwritten signature in black ink that reads "John Talarico, D.O." in a cursive script.

John Talarico, D.O., M.P.H., Chief

Background

As you know, California experienced a pertussis epidemic in 2010 with over 9,000 reported cases, including 10 infant deaths. Numbers of reported pertussis cases continue to be elevated in 2011 and even in non-peak years, there are approximately three infant deaths a year in California due to pertussis. This recommendation was made because:

- Postpartum Tdap vaccination has proven to be a suboptimal national strategy to prevent infant pertussis morbidity and mortality.
- Vaccinating pregnant women during the late second or third trimester is acceptably safe for both mother and fetus.
- Late second or third trimester maternal vaccination may prevent infant pertussis (during the same pregnancy) by transplacental transfer of maternal antibodies.
- The cost of vaccinating with Tdap during pregnancy or postpartum is the same and obtaining reimbursement for vaccines administered in hospitals can be problematic.
- There are not sufficient concerns about blunting of an infant's immune response to primary DTaP series to not recommend maternal vaccination during pregnancy.

ACIP recommended that Tdap be given during the third or late second trimester (i.e., after 20 weeks gestation) to ensure higher antibody levels for transplacental antibody transfer and minimize the coincidental association of Tdap vaccination with adverse outcomes, which occur most often during the first trimester.

1. CDPH Pertussis Vaccination Recommendations, 2010.
<http://eziz.org/PDF/CDPH%20Pertussis%20Immunization%20Policy%20July%202010.pdf>
2. ACIP Provisional Recommendations for Pregnant Women on Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap).
<http://www.cdc.gov/vaccines/recs/provisional/downloads/pregnant-Tdap-use.pdf>