Increasing Tdap Immunization Rates and Running an Efficient Immunization Practice: Tips from California OBs
Among those of you who vaccinate...

- 93% Offer Tdap
- 7% Do not offer Tdap
Prenatal Tdap

• Rationale
• Recommendations
• Recent data
• Program considerations
• Assuring that immunization occurs
Figure 3. Pertussis cases by month of onset -- California, 2009-2014*

*Reported to CDPH as of 8/4/2014
Pertussis cases, hospitalizations and deaths in infants, by age in weeks at time of disease onset -- California, 2010-2014*

“Immunity gap”

*reported to CDPH as of 4/22/2014
Recommendations
ACOG, ACIP, AAP, AAFP

- Tdap should be administered during each pregnancy, irrespective of the patient’s prior history of receiving Tdap.

- To maximize maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation.

http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf
If no prenatal Tdap dose...

- Administer Tdap immediately postpartum to mother with no prior doses.
  - Protection to mother but not transplacental antibody
  - (Unclear how much extra protection conveyed from human milk after Tdap immunization)
  - Give Tdap each successive pregnancy
  - Other close contacts to infant recommended for first Tdap dose
  - Nulligravida 11 years and older recommended for first dose of Tdap

www.cdc.gov/mmwr/pdf/wk/mm6207.pdf
Recent Data - Safety

- >20,000 UK women, 3rd trimester pertussis immunization, 10/2012 –
- No increased risk of
  - stillbirth
  - preterm delivery
  - maternal or neonatal death
  - pre-eclampsia or eclampsia
  - hemorrhage
  - fetal distress
  - uterine rupture
  - placenta or vasa previa
  - caesarean delivery
  - low birth weight
  - neonatal renal failure

Donegan K et al., BMJ 2014
Recent Data - Benefits

- UK, 2013: Infants <3 months
  - Effectiveness of prenatal pertussis immunization: 91% (84-95%)
  - Age group with greatest proportionate fall in
    - Cases
    - Hospitalizations
    Amirthalingam G et al., Lancet 2014

- $>4x$ ↑ anti-PT IgG in infants of immunized moms
  Munoz FM et al., JAMA 2014
Prenatal Tdap rates low...

- **US Survey**
  - 8/2011- 4/2012 - 3%
    - Liang J. Presentation to ACIP; October 24, 2012.

- **California Kaiser Permanente sites**
  - 2010 - 16%
  - 2011 - 30%
  - 2012 - 20%

- **OR, WA, CO, WI, MN sites**
  - 2012 - 16%
Influenza Vaccination During Pregnancy

**ABSTRACT:** The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists recommend that all adults receive an annual influenza vaccine. Influenza vaccination is an essential element of preconception, prenatal, and postpartum care because pregnant women are at an increased risk of serious illness due to seasonal and pandemic influenza. Since 2010, influenza vaccination rates among pregnant women have increased but still need significant improvement. It is particularly important that women who are or will be pregnant during influenza season receive an inactivated influenza vaccine as soon as it is available. It is critically important that all obstetrician–gynecologists and all providers of obstetric care advocate for influenza vaccination, provide the influenza vaccine to their pregnant patients, and receive the influenza vaccine themselves every season. It is imperative that obstetrician–gynecologists, other health care providers, health care organizations, and public health officials continue efforts to improve the rate of influenza vaccination among pregnant women.
Different phases, settings, needs

Spectrum – your clinic may currently offer

- No vaccines
- Seasonal influenza vaccine
- All routine vaccines
Considerations for Offering Vaccines
July 2014 ACOG Webinar (modified)

- Need for “vaccine champion”
- Budget for inventory
- Centralized control of all processes
- Storage & handling of vaccines
- Specific usage criteria and methods
- Recall systems – ensure series completion
  - EHR, CAIR
- Billing
- Staff training for above

ACOG webinar archive:
# Coding Information on Tdap Immunization for Patients

## CPT Codes for Vaccine Administration

<table>
<thead>
<tr>
<th>Code</th>
<th>Method</th>
<th>Route of Administration</th>
<th>Type of Service</th>
<th>Reporting Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>90471</td>
<td>Injection</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Primary</td>
<td>Report only one primary vaccine administration per encounter.</td>
</tr>
<tr>
<td>90472</td>
<td>Injection</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Additional</td>
<td>Report for secondary or subsequent vaccine administration. Report only with code 90471 or code 90473.</td>
</tr>
<tr>
<td>90460</td>
<td>Any Route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Primary</td>
<td>Report only one primary vaccine administration per day. Report for administration of first vaccine if more than one was provided. Physician also provides counseling. Patient is 18 years of age or younger.</td>
</tr>
<tr>
<td>90461</td>
<td>Any Route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Additional</td>
<td>Report for secondary or subsequent vaccine administration. Physician also provides counseling. Patient is 18 years of age or younger.</td>
</tr>
</tbody>
</table>

## Tdap Vaccines Administered to Adolescents and Adults

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Code for Vaccine Product</th>
<th>CPT Administration Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap), patient 7 years of age or older, intramuscular</td>
<td>90775</td>
<td>90471-90472</td>
</tr>
</tbody>
</table>

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This publication is provided by the American College of Obstetricians and Gynecologists (the College) for educational purposes only. It is not intended to represent the only, or necessarily the best, coding format or method for the situations discussed, but rather as an approach, view, statement, or opinion that may be helpful to persons responsible for diagnosis and procedure coding. The statements made in this publication should not be construed as College policy or procedure, nor as standards of care. The College makes no representations or warranties, expressed or implied, regarding the accuracy of the information contained in this publication and disclaims any liability or responsibility for any consequences resulting from or otherwise related to any use or reliance on this publication.

For more information, please visit the Coding section on the Immunization for Women web page at [www.immunizationforwomen.org/practice_management/coding](http://www.immunizationforwomen.org/practice_management/coding).

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Denied Claims for Prenatal Tdap?

CDPH interested in learning more
  - Especially Medi-Cal claims

Contact izbranch@cdph.ca.gov
Prenatal Vaccines - If not from you, then from whom?

- Minimize barriers
  - Optimal to immunize in or near prenatal exam room

- Where are the affordable and convenient sources near your patients?
  - Pharmacy – cost?
  - Primary care providers – accessibility?
  - Local Health department – local days/hours/accept insured?
Vaccines: Pneumococcal ($75), Td ($55), Tdap ($64)

2. Contra Costa Health Services - Richmond Public Health
100 38th Street, Richmond, CA 94804
Phone: 925-313-6767

Directions, Website
Hours: Every Thursday Drop-in 1:00 - 4:30pm
Vaccines: Hepatitis A ($70), Hepatitis B ($65), HPV ($140), Meningococcal ($140), MMR ($80), Pneumococcal ($46), Shingles/zoster ($175), Td ($15), Tdap ($15), Varicella ($120)
Mariah Bianchi, RN

Mother, Immunization Advocate
San Francisco, CA
Moderator: Robert Schechter, MD

Section Chief, Immunization Branch
California Department of Public Health
Let’s Meet our Panelists!

Tracy Flanagan, MD OBGYN
Director, Women’s Health
Kaiser Permanente Nor. California

- 500 clinicians in 45 offices
- 35,000 deliveries in N. CA Kaiser facilities.
Let’s Meet our Panelists!

Ashley Weinert, MD OBGYN
Sutter Pacific Medical Foundation
Santa Rosa, CA

6 OBGYNs and 4 midwives at a multispecialty group
Let’s Meet Our Panelists!

Elizabeth Enderton, MD OBGYN
Family Healthcare Network
Visalia, CA

10 Obs in an FQHC
80% of deliveries in Tulare County
Our Panelists

Dr. Flanagan
Kaiser Permanente

Dr. Weinert
Sutter

Dr. Enderton
FHCN
Our Panel Responds to Questions!

Dr. Schechter
CDPH
(moderator)

Dr. Flanagan
Kaiser No. Ca

Dr. Weinert
Sutter

Dr. Enderton
FHCN
Kaiser Best Practice Alert

Alert begins @ 28 Weeks

There is no record of a Tdap immunization during this pregnancy. The Tdap vaccine is recommended during each pregnancy, preferably between 27 and 36 weeks. Please advise the patient to get the immunization to protect herself and her baby. If the patient declines Tdap, document in the Declined Screenings, add GDECLINETDAP to your progress note and provide the GPITDAPPREGNANCY Patient Instruction.

Place order: VACC Tdap (ADACEL)
Protect your baby from whooping cough.
GET YOUR PERTUSSIS VACCINATION.

Whooping cough is on the rise in the U.S.
Whooping cough, also called pertussis, is a contagious disease that spreads easily through coughing.
The disease can be very serious and even life-threatening for young babies, causing them to cough so much they can’t breathe. About half of infants who get whooping cough are hospitalized. Most babies who get whooping cough get it from family members and other people who care for them. Protect your family from whooping cough by making sure everyone’s immunizations are up to date.

Who needs the pertussis vaccine?
Adults: You and all other adults who come into close contact with your baby should get the Tdap booster shot. This includes parents, grandparents, babysitters, and other family members.

Pregnant Women: To protect your baby, we recommend that you receive the Tdap vaccine during each pregnancy, preferably between 27 and 36 weeks. Tdap is safe in pregnancy. Because you may be able to be vaccinated again while pregnant, the vaccine helps protect your newborn from whooping cough (also called pertussis). Whooping cough is a highly contagious disease that spreads from person to person by coughing. When babies get whooping cough, it can be life-threatening.

Young Children: Young children should receive the DTaP (Diphtheria, Tetanus and Pertussis) series. It is given in 5 shots and is usually completed before kindergarten.

Older Children: Older children need a Tdap booster shot. Proof of a Tdap vaccine is required for all children starting 7th grade.

If you are not sure if you and your family members are up to date on your immunizations, check your Preventive Health Reminders on your registration slip or online at kp.org/mydoctor.

Health Ed Materials: Kaiser

Healthy Beginnings Newsletter
- 24-28 weeks
- 30-32 weeks
- Also promotes Tdap to partner
**Before or during pregnancy: Flu and whooping cough (pertussis)**

*Flu* and *whooping cough* are dangerous diseases for newborns and young infants. The flu can also be dangerous for you when you're pregnant. Getting the flu and Tdap vaccines during pregnancy is considered safe for your fetus. And these vaccines protect both you and your newborn. The U.S. Centers for Disease Control and Prevention (CDC) recommends:

- If you didn't get the yearly flu vaccine yet, get the flu shot before or during your pregnancy. \(^2\) This is especially important if you have a chronic health problem (including asthma). The intranasal vaccine contains live virus, so it is not used during pregnancy.

- Get a *tetanus*, *diphtheria*, and pertussis (Tdap) shot before or during each pregnancy. \(^1\)

- People who expect to have close contact with your baby should also get the flu and Tdap shots if they haven't had them. It's best to get them at least 2 weeks before contact with your baby.
Natalie Nakahara Preas, MFA

Creative Director, Immunization Branch
California Department of Public Health
EZIZ.org
Resources for OBGYNs
I got my Tdap Shot!
EZIZ Online Training

A one-stop shop for immunization training and resources.

EZIZ Training

► Start lessons or find out more below.

VFC Program Requirements (15 min.)
- Identify responsibilities of the Vaccine Coordinator;
- Identify responsibilities of the Provider of Record;
- Comply with California VFC Program requirements

Storage and Handling

Monitoring Refrigerator Temperatures (8 min. video demonstration)
- Read and record current, minimum (MIN), and maximum (MAX) temperatures;
- Identify temperatures that are too warm or too cold and take appropriate action

Monitoring Freezer Temperatures (7 min. video demonstration)
- Read and record current, minimum (MIN), and maximum (MAX) temperatures;
- Identify temperatures that are too warm and take appropriate action

Storing Vaccines (20 min.)
- Prepare refrigerators and freezers for vaccine storage;
- Store vaccines in refrigerators and freezers;
- Safeguard refrigerator and freezer power supplies

Notice: This lesson does not include new requirements for thermometers. Please see VFC letter about new Program requirements for updated information. Lesson will be updated in the future.

Vaccine Inventory Management

Conducting a Vaccine Inventory (19 min.)
- Identify vaccine brand name and packaging;
- Enter lot numbers, expiration dates, and total doses on hand on VFC Inventory Form for all VFC vaccines

Vaccine Administration

Preparing Vaccines (25 min.)
- Select vaccines based on physicians' orders;
- Identify expired vaccines;
- Mix, reconstitute, and draw up vaccines

Resources

For Trainers
- EZIZ Promo Flyer
- EZIZ Quick-start Cards
- CAIR Tools for Trainers

For Provider Offices
- EZIZ Training now required for Annual VFC Recertification
- CAIR Training
- Vaccine Administration Materials
- Storage and Handling Materials
- VFC Forms
- Flu and Disease Prevention
- For Staff and Patients
- Training by Other Organizations

Contact VFC
Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

► Find a VFC field representative in your area
► Find other VFC provider offices in your area
► Send us your comments at eziz@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email

Frequently Asked Questions

California Department of Public Health, Immunization Branch
Practice Exercise: Selecting the Right Needle

**Situation:** Imagine that you are preparing two immunizations—one intramuscular and one subcutaneous. Select the correct needle for each injection.

**Instructions:** Drag the correct length needle to the intramuscular (IM) site and the correct length needle to the subcutaneous (SC) site.
EZIZ Online Training

Lesson: Preparing Vaccines

Drawing up Ready-to-use Vaccines

Watch the video to learn how to draw up vaccine from a vial. Then, click on the job aid icon to review the steps.

Remember...

- If you contaminate the needle while drawing up, change the needle.
- Never mix vaccines in the same syringe.

Pull back needle/tip in liquid
Vaccine Storage Units

Refrigerators and freezers:

- Come in many styles and sizes
- Are not equally good at keeping vaccines at the right temperatures
- Come in household, commercial, and pharmaceutical grades
- Must have enough room to hold the year's largest monthly inventory of vaccine—including flu vaccine

California VFC providers' storage units must meet additional requirements.

Instructions: Click each picture to learn about each type of vaccine storage unit, then click Next to continue.
Certificate of Completion

This is to certify that

Natalie Nakahara

has completed the EZ-IZ lesson

Preparing Vaccines

Date  September 8, 2010

California Department of Public Health, Vaccines for Children Program
Resources

Forms
- VFC Program and Disease Reporting Forms

Job Aids
- Storage and Handling
- Vaccine Administration
- VFC Vaccine Fact Sheets
- Billing and Reporting

Educational Resources
- Flu and Respiratory Disease
- Immunizations
- Measles
- Pertussis (Whooping Cough)
- Parent Education
- Training Opportunities and Events by Various Organizations

Related Links
- Printed copies of many of the materials posted on EZIZ.org can be ordered from your local health department. Check with the immunization program in your area.
- Vaccine Information Statements (VIS)
- Immunization Schedule & Recommendations
- Disease Surveillance
- Laws and Regulations
- EZIZ Online Training

Contact VFC
Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832
- Find a VFC field representative in your area
- Find other VFC provider offices in your area
- Send us your comments at eziz@cdph.ca.gov
## Vaccine Fact Sheet

### Tdap

<table>
<thead>
<tr>
<th><strong>Brand Name and Manufacturer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adacel® Sanofi Pasteur</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Protects Against</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria, and pertussis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routine Schedule</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One (1) booster dose: 11-12 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Minimum Intervals</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No minimum interval since prior Td</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Approved for use in</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons aged 10 through 64 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Administration</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intramuscular (IM) injection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Packaging</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine is packaged as 10 single-dose 0.5mL vials or 5 single-dose 0.5mL prefilled Luer-Lok syringes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Storage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerate between 35°F and 46°F (2°C to 8°C) DO NOT FREEZE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Full ACIP Recommendations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.html#cid=mm6001a4_w">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.html#cid=mm6001a4_w</a></td>
</tr>
</tbody>
</table>

ACIP Recommendations in Pregnant Women
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm)

<table>
<thead>
<tr>
<th><strong>VFC Letter</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not available on EZIZ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Billing Codes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHDP code: 72</td>
</tr>
<tr>
<td>CPT code for vaccine: 90715</td>
</tr>
<tr>
<td>CPT code for administration: 90460, 90461, 90461</td>
</tr>
<tr>
<td>Medi-Cal Fee-For-Service (FFS) administration: 90175-SL</td>
</tr>
<tr>
<td>ICD-9-CM code: v06.1</td>
</tr>
</tbody>
</table>

California Department of Public Health, Immunization Branch
Job Aids: Storage & Handling

Vaccine Coordinator

The Role of the Vaccine Coordinator

Vaccines are expensive and sensitive to temperature. Careful vaccine management is essential to protecting your vaccine supply. VFC requires providers to designate a fully trained Vaccine Coordinator and a Backup Vaccine Coordinator to implement routine and emergency vaccine management plans. Their names and contact information must be reported to the VFC Program through MyVFC/Vaccines.org. In many practices, the Vaccine Coordinator is a medical assistant. In other practices, the Vaccine Coordinator is an LPN, RN, office manager, or other staff person.

Responsibilities of the Vaccine Coordinator

The Vaccine Coordinator’s responsibilities vary depending on the amount of vaccine the practice gives and practice protocols. In some practices, the Vaccine Coordinator is responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person may have one or more vaccine management responsibilities, such as ordering vaccines. Below is a list of essential responsibilities:

- Receiving vaccines
  - Do present when vaccine is delivered and immediately process into inventory
  - Ensure that acceptable temperature ranges have been maintained
- Storing vaccines
  - Rotate the vaccine inventory so that vaccines with shorter expiration dates are used first
  - Ensure that there are no expired vaccines in the refrigerator or freezer
  - Keep VFC vaccine separate from private vaccine stocks
  - Perform routine cleaning on vaccine storage units
- Monitoring vaccine temperatures
  - Use a certified calibrated thermometer to review refrigerator and freezer temperatures
  - Record minimum, current, and maximum temperatures on VFC-Cropped log twice a day
  - Take immediate action if temperatures are outside acceptable ranges
  - Implement the emergency vaccine management plan if necessary
  - Review vaccine temperature logs weekly
  - Review temperature logs for three years
- Ordering vaccines
  - Perform a physical inventory of all vaccines in stock
  - Account for doses of returned or transferred vaccines since the last order
  - Complete and submit the VFC vaccine order on MyVFC/Vaccines.org

Preparation for Vaccine Storage

1. Remove all drawers and bins.
   - Vaccines should not be stored in refrigerator doors, drawers, or bins.
2. Place the probe in the center of the refrigerator, near the vaccines.
3. Use a calibrated thermometer to ensure accurate temperatures.
   - The thermometer must have a digital readout probe.
   - The digital readout must display current, Min, and Max temperatures.
4. Attach the monitor to the outside of the refrigerator, either on the door or on the side.
5. Plug in the refrigerator.
   - Secure with plug guard/moist.
   - Use "Duct Tape" or "Cable Ties".
6. Set the refrigerator temperature.
   - If the refrigerator has a thermostat, set it for 40°F.
   - If it has an LED with a range of numbers, set it to slightly warmer than the middle of its range.
   - The next morning, check the temperature and adjust it until it stabilizes at approximately 40°F.

California Department of Public Health, Immunization Branch

www.ediz.org
Job Aids: Storage & Handling

Recording Refrigerator Temperatures

- Record CURRENT, MIN, and MAX temperatures in a specific refrigerator twice a day. Keep temperature logs for 2 years.
- If temperatures exceed the limits, take appropriate action.

Refrigerator Temperature Log

- Record CURRENT, MIN, and MAX temperatures twice a day.
- Complete steps 1-4:
  1. Write your initials and the time of day.
  2. Write the day of the month.
  3. Write the month and year.
  4. Write any temperatures that are in DANGER Zone 1 or 2. Then go to step 3 (even if CURRENT temp is OK).

DANGER Zone 1:
- These temperatures are OK, go to step 4.

DANGER Zone 2:
- These temperatures are not OK, go to step 5.

Step 3:
- Record the MAX temperature:
  - MAX is the highest temperature.
  - Record the MIN temperature:
  - MIN is the lowest temperature.

Step 4:
- Press the MEMORY CLEAR button on the thermometer every 30 seconds to stop logging temperatures.
- If temperatures exceed the limits, take appropriate action.

CDPH
California Department of Public Health, Immunization Branch
Administering Injectable Vaccines

Cleaning the Injection Site
1. Wash your hands.
2. Clean the injection site with an alcohol pad or a cotton ball soaked with alcohol.
3. Allow the alcohol to dry for several seconds. (Alcohol stings if it goes into the injection.)
4. Throw away the cotton ball.

Giving an Intramuscular (IM) Injection
1. Clean the injection site. (See above.)
2. With your left hand*, pinch up the fatty tissue of the injection site.
3. With your right hand*, insert the needle at a 90-degree angle to the muscle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure to the injection site with a dry cotton ball or gauze. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

* Use opposite hand if you are left-handed.

Giving a Subcutaneous (SQ) Injection
1. Clean the injection site. (See above.)
2. With the thumb and index finger of your left hand*, pinch up the fatty tissue of the injection site.
3. With your right hand*, insert the needle at a 45-degree angle to the skin. Insert entire needle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure with a dry cotton ball or gauze on the injection site. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

Important! Dispose of used needles immediately after use. Never re-cap a used needle or try to separate it from the syringe.

VACCINE INFORMATION STATEMENT

Tdap Vaccine
(Tetanus, Diphtheria,
and Pertussis)

What You Need to Know

1. Why get vaccinated?
Tetanus, diphtheria and pertussis can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.
TETANUS (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.
• It can lead to tightness of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 3 people who are infected.
DIPHTHERIA can cause a thick coating or layer in the back of the throat.
• It can lead to breathing problems, paralysis, heart failure, and death.
PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.
• It can also lead to weight loss, immunosuppression, and rib fractures. Up to 2 in 100 adolescents and 3 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, wounds, or burns.

Before Tdap, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 95% and pertussis by about 80%.

2. Tdap vaccine
Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at ages 11 or 12. People who did not get Tdap at that age should get it as soon as possible.
Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.
Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis. A similar vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.
Your doctor can give you more information.
Tdap may safely be given at the same time as other vaccines.

3. Some people should not get this vaccine
• If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
• If you had a cold, or long or multiple sneezers within 7 days after a childhood dose of IPV or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
• Talk to your doctor if you:
  - have epilepsy, or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had Guillain-Barré Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.

California Department of Public Health, Immunization Branch
Resources

Forms
- VFC Program and Disease Reporting Forms

Job Aids
- Storage and Handling
- Vaccine Administration
- VFC Vaccine Fact Sheets
- Billing and Reporting

Educational Resources
- Flu and Respiratory Disease
- Immunizations
- Measles
- Pertussis (Whooping Cough)
- Parent Education
- Training Opportunities and Events by Various Organizations

Related Links
- Printed copies of many of the materials posted on EZIZ.org can be ordered from your local health department. Check with the immunization program in your area.
- Vaccine Information Statements (VIS)
- Immunization Schedule & Recommendations
- Disease Surveillance
- Laws and Regulations
- EZIZ Online Training

California Department of Public Health, Immunization Branch
Materials For Providers

Stop Pertussis.
Pregnant Women and Their Babies Rely on You.

Immunize with Every Pregnancy
Newborns can die from pertussis. Infants most often contract pertussis from family members.

Pregnant women should get a pertussis booster shot (Tdap) with every pregnancy irrespective of their prior history of receiving Tdap. Immunize between 27 and 36 weeks gestation to maximize the transfer of maternal antibody to the infant.

Tdap should also be given:
• to all adolescents and adults who have not received Tdap.
• after giving birth, before hospital discharge, to women who have not received Tdap (even if breastfeeding).
• to other family members and close contacts of infants who have not received Tdap, ideally at least 2 weeks prior to contact with the baby.

Think Pertussis
• Pertussis is often misdiagnosed. It starts like a cold with runny nose and cough.
• Typically, after 1-2 weeks, symptoms in adults progress to severe coughing attacks that may include:
  • post-tussive vomiting
  • a high-pitched “whoop”
  • sweating episodes, gagging, choking sensation
  • complications, such as broken ribs or pneumonia.
• Pertussis immunity wanes, so it is possible to get pertussis even with a history of vaccination or disease.

Test for Pertussis
If your patient has pertussis-like symptoms (especially in the 3rd trimester), promptly obtain a nasal specimen (preferred specimen) or nasopharyngeal swab for PCR and/or culture.

Treat Pertussis, Reduce Transmission
• Antibiotics stop transmission, and if given early, may reduce pertussis severity. Erythromycin or Azithromycin are the preferred antibiotics for pertussis treatment or post-exposure prophylaxis during pregnancy.
• If your pregnant patient is exposed to pertussis, particularly in her 3rd trimester, prophylactic antibiotic therapy is recommended to protect her and the newborn.
• If she has pertussis, especially near-term or at delivery, treat her with antibiotics, and ensure that her newborn and household contacts receive prophylactic antibiotic therapy.
• Place new mothers with pertussis on droplet precautions during their hospitalization for delivery or until they have received 5 days of a full course of antibiotics. However, if both mother and infant are receiving antibiotic treatment, it is not necessary to isolate the baby from the mother, and breastfeeding is encouraged.

Dylan’s Story
I caught pertussis in my 9th month of pregnancy. Two weeks after giving birth, my son Dylan died of pertussis that he caught from me. My doctor thought it was just a cold. — Mariah, Dylan’s Mom (Watch her full story on DyingByShot.org)

For more information, visit www.pregnancyshotsca.org

California Department of Public Health, Immunization Branch
Expecting? Protect Your Baby from Whooping Cough.

Whooping Cough is a Widespread Threat
Each year, thousands of Californians catch whooping cough (also called pertussis).

Babies are Most at Risk
Young babies have higher chances of getting very sick or dying from whooping cough. Very young babies with whooping cough may not have the coughing fits common in older children and adults but may gag or gasp. Their face may also turn red or purple.

Protect Your Baby by Getting Tdap
Ask your doctor for a whooping cough vaccine (Tdap) during your third trimester of pregnancy, even if you received it before pregnancy. You’ll need a Tdap vaccine each time you are pregnant.

Tdap is safe for you and your baby. The protection you get from Tdap also passes to your baby in the womb. This will help protect your baby during the most vulnerable period, until it’s time to get the first whooping cough vaccine at 6–8 weeks of age.

Get Vaccinated
Tdap vaccines may be available from your doctor, local health department, or pharmacy. To find a nearby location, please visit: http://vaccine.healthmap.org/

Tdap vaccine for pregnant women is a covered benefit under Medi-Cal and private health plans. Call your health plan for more details.

Treat Whooping Cough Early
Call the doctor if you or your baby:
- Have cold symptoms or cough that are getting worse.
- Are around someone with a bad cough.

If your baby is having trouble breathing (face turning blue, red or purple; gasping or having a pause in breathing), take him or her to the hospital or the doctor right away.

“Getting Tdap is something easy I can do to protect my baby.”
—Daniella, First Time Mom

Dylan’s Story
Before Dylan was born, I was sick and had a bad cough. I coughed so hard that it caused contractions to start early. Dylan was born a healthy, beautiful baby. But I continued to cough, and it was hard to keep Dylan awake during feedings – the only sign of pertussis he ever had.

Two weeks later, my son Dylan died of pertussis that he caught from me. He was 17 days old. It is possible to prevent babies like Dylan from catching pertussis. Now I urge parents to vaccinate their children, and adults, especially pregnant women, to get a Tdap booster. I don’t want to see any family suffer the way mine has.
—Mariah Blanchi

Type your info here.
Rx Pads: Maternal Immunization

- Sample run printed; demand being assessed.

**Prescriber Name, Address, Phone Number:**

Patient Name: ___________________________  Date: ________________

**Vaccines recommended during pregnancy:**

- [ ] **Tdap** (tetanus, diphtheria, pertussis [whooping cough]) during 3rd trimester
  0.5 mL IM x 1
- [ ] **Inactivated Influenza**
  0.5 mL IM x 1

Prescriber's Signature: ___________________________  License #: __________________

These vaccines may be available from your primary care physician, local health department, or pharmacy. To find a nearby location, please visit [www.vaccine.healthmap.org](http://www.vaccine.healthmap.org).

Your baby is counting on you for protection. Get vaccinated.

**Vacunas recomendadas durante el embarazo:**

- [ ] **Tdap** (tétanos, difteria, tos ferina) en su tercer trimestre de embarazo
- [ ] **Vacuna contra la influenza (gripe) inactivada**

Estas vacunas pueden estar disponibles en el consultorio de su médico de cabecera, departamento de salud local o farmacia. Encuentre un lugar cercano en: [www.vaccine.healthmap.org](http://www.vaccine.healthmap.org)

Su bebé cuenta con usted. Protejalo. Vacúñese.
Materials for Patients

**Parents**

**Protect your little one with immunizations.**

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**Vaccine Safety:**

**10 Facts for Parents**

As a parent, you want to make the best decisions to protect your child. Being informed helps you talk with your doctor—and keep your family healthy. Your questions are important and you deserve reliable information to support your decisions. This fact sheet has been reviewed by medical experts. If you want to learn more, ask your doctor for a "consultation visit," or check out the websites at the end.

1. Are Vaccines safe?
   - Yes. Vaccines are safe. Millions of children and adults are vaccinated every year. However, any medicine can cause reactions in some people. The most common side effects are swelling or tenderness at the injection site and fever. Serious reactions are very rare, happening in 1-2 people out of a million doses given.
   - Thousands of people take part in clinical trials to test a vaccine before it is licensed by the Food and Drug Administration (FDA). After it’s licensed, the Vaccine Adverse Event Reporting System (VAERS) helps track any health effect that happens hours, days, weeks, or even months later. Anyone can report a possible side effect so that it can be studied. This monitoring helps ensure vaccines are safe.

2. Why do children today get so many immunizations?
   - To save lives. Advances in medical science have developed vaccines to protect us against more than 15 dangerous diseases. Only a few years ago, vaccines protected just a small handful of diseases. Who benefits most? Babies. Their bodies may be too weak to fight off a serious disease. Many vaccine-preventable diseases can have dangerous complications. These include seizures, brain damage, blindness, and even death.

3. Are diseases of the “old days” really still something to worry about?
   - Diseases do exist, though many young parents haven’t seen them. This is the success of our country’s immunization program. But people who are not vaccinated, especially children, are at risk for common illnesses like influenza, measles, and chicken pox. Did you know that before the chicken pox vaccine, almost 11,000 Americans had to go to the hospital, and over 100 died, each year from chicken pox? Less common diseases like mumps, measles, and whooping cough can unexpectedly and spread quickly. Some
Ask a question to our speakers!

Mariah Bianchi Advocate

Dr. Weinert Sutter

Dr. Flanagan Kaiser Perm.

Dr. Enderton FHCN

Dr. Schechter CDPH

Natalie Nakahara Preas CDPH
Best Practice Takeaways

• Everyone in the office gets involved, helping create smart, efficient IZ systems.

• Set practice alert or standing order as trigger

• Maximize EMR — Contact vendor or cairweb.org
  – flags for vaccine due
  – document date given
  – report coverage, on-time rate

• Administer immunization in exam room—or Rx script + follow-up

• Patient handouts support encounter
Resources

All resources & links from this webinar available at EZIZ.org

Immunization Business & Clinical Strategies for Ob-Gyn Offices
Thanks for Attending!

Questions following the webinar?
izbranch@cdph.ca.gov

To receive CME/CEU...
Complete the post-test. Link will be sent to you.

This program will be archived for on-demand viewing until August 2015.

Tdap was worth it!