

# Prenatal Tdap Workgroup

## June 28<sup>th</sup>, 2017



Immunization Branch  
California Department of Public Health

# Agenda

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I. Welcome and Introductions

II. Recap last call

III. Report back from local health departments

a. Reaching out to providers not recommending Tdap

b. Creating list of county's [Medi-Cal Managed Care](#) in-network pharmacies

c. Review of Resources: Prenatal Tdap Program [Letter](#) & Prenatal Immunization Declination [Form](#)

IV. Other resources available

# Housekeeping Rules

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- *PLEASE* don't place us on hold
- Please mute your line unless you want to speak up!
  - To mute your line, press \* 6
  - To un-mute, press \*6
- Please interrupt us with questions, comments or concerns!

# Goal of the Workgroup

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- **Objective:** Gather tools and compile best practices to help meet the Immunization Program's Scope of Work Activity

# Local Health Department Scope of Work

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**Objective 6.1:** Assist with the prevention, surveillance and control of vaccine preventable disease (VPD) within the jurisdiction.

## **Required Activities:**

iv. Support investigation of infant pertussis cases. Inform LHD Maternal, Child and Adolescent Health (MCAH) Program of each new infant case, and work together to contact the mother's prenatal care provider to determine barriers to prenatal Tdap vaccination. Follow up and assist the provider to meet the standard of care including providing strong recommendations for Tdap and a strong referral (if Tdap is not offered on-site).

# Recap from last call

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- Findings from LHD enhanced infant pertussis efforts
- Summary of interviews with LHDs
- Policies/Regulations that support Prenatal Tdap
  - Medi-Cal covers Tdap at pharmacies!
  - Pharmacists required to enter shots into registry & report back to physician within 14 days of admin.
- SOW activity
  - Resources to implement SOW activity

# Findings

## Case-Mother Interviews (n=66/114)



27 (41%) case-mothers **received Tdap during pregnancy**

- 24 (89%) were vaccinated during their routine OB visit



39 (59%) case-mothers **did not receive Tdap during pregnancy**

- Many were vaccinated postpartum

**Why not vaccinated during pregnancy?** Of the 33 case-mothers who responded:

- 13 (39%) had vaccine misconceptions or were unable/unwilling to go to offsite location
- 9 (27%) mothers refused due to personal beliefs
- 8 (24%) never received a recommendation for Tdap
- 2 (6%) were noncompliant w/ prenatal care
- 1 (3%) had a valid contraindication

# Findings

## Case-Mother Interviews

My other children  
already have Tdap

I had an adverse  
reaction as an  
infant

I received a vaccine  
during my last  
pregnancy

I was told to wait  
by my provider  
because I was sick

I was too busy to  
go to the  
alternative site

I wanted to wait  
until after delivery

Personal beliefs





# Tdap Contraindications

Tdap	(49)	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap</p>	<p>GBS &lt;6 weeks after a previous dose of tetanus-toxoid-containing vaccine</p> <p>Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized</p> <p>History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine</p> <p>Moderate or severe acute illness with or without fever</p>
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<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

## Question for LHDs:

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- Were you able to reach out to providers from the case series that were not recommending Tdap?

# Medi-Cal Policy Supports Prenatal Tdap

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- Medi-Cal Fee for Service (FFS) and Medi-Cal Managed Care Health Plans (MCPs) cover ACIP-recommended adult immunizations (including Tdap) at in-network pharmacies.
- Medi-Cal Managed Care Health Plan Directory:
  - <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>

## Questions for LHDs:

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- Were you able create a list of your MCP's in-network pharmacies?
- What do you think would be the most useful ways to assist providers in your county with creating their own pharmacy referral lists?

# Tdap Immunization Program

- Medi-Cal Provider Bulletin: Medi-Cal Focuses on Tdap for Pregnant Women

– <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201501.asp#a8>



- CDPH/DHCS Tdap Program Letter

– Make a strong recommendation

– Make a strong referral

<https://archive.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-DHCSletterPrenatalTdap.pdf>

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



KAREN L. SMITH, MD, MPH  
Director and State Public Health Officer

December 30, 2016

To: Medi-Cal Managed Care, Fee-For-Service and Comprehensive Perinatal Services Program Prenatal Care Providers, the California Association of Health Plans (CAHP), Local Health Plans of California (LHPC), and members of the American College of Obstetricians and Gynecologists (ACOG), the California Nurse-Midwives Association (CNMA), the California Academy of Family Physicians (CAFP), the National Hispanic Medical Association (NHMA), the California Medical Association (CMA), the Network of Ethnic Physician Organizations (NEPO), California Association of Physicians Groups (CAPG), and the California Primary Care Association (CPCA)

cc: The California Conference of Local Health Officers (CCLHO) and the County Health Executives Association of California (CHEAC)

SUBJECT: Implement Prenatal Tdap Program to Prevent Infant Pertussis in California

California recently experienced its [second pertussis infant death of 2016](#). One of these deaths was in a healthy, full-term Hispanic baby; Hispanic infants are 40% more likely to be reported with pertussis in comparison to non-Hispanic, White infants in California.<sup>1</sup>

These deaths are a devastating reminder that all prenatal care providers should have a program in place to ensure that [all pregnant women are immunized with Tdap at the earliest opportunity between 27-36 weeks gestation of every pregnancy, regardless of the mother's Tdap history](#). At least two weeks are needed for the development of sufficient maternal antibodies to be transplacentally transferred to the infant, so it is preferred that the immunization be administered at the beginning of the third trimester. Since postpartum Tdap vaccination and cocooning do not provide direct protection to the infant, these two [strategies](#) alone are no longer considered optimal for preventing infant pertussis.

The California Department of Public Health (CDPH) strongly recommends that every prenatal care provider have a prenatal Tdap program that includes the following activities:

1. If vaccinating on-site:
  - a. Routinize the offer of prenatal Tdap for all pregnant women at the beginning of the third trimester to protect babies who might be born prematurely. Consider combining Tdap vaccination with the glucose screening test at 28 weeks and/or calling your electronic health record (EHR) vendor to request a flag that automatically reminds you to offer the vaccination to all prenatal patients. See also [state regulations](#) on standardized nursing procedures you can implement (an example is available at: <http://bit.do/nursingprocedures>).
  - b. Ensure that staff members are aware of their important role in helping ensure Tdap vaccination at the earliest opportunity between 27-36 weeks gestation of every pregnancy.

# How to make a STRONG RECOMMENDATION



Routinize offer



Educate all staff



Make a strong recommendation



Uphold same standards



Document

# How to make a STRONG REFERRAL



Make a strong recommendation



Consider stocking



Find local immunizer



Ensure ability to travel



Close the loop: follow up



Provide RX



Document

# Prenatal Tdap/Flu Declination Form

Helps prenatal care providers:

- stress importance of their recommendation;
- document immunization declination, as required by Medi-Cal; and
- reinforce potential consequences of choosing not to get vaccinated

## Refusal to be Vaccinated Form

Patient's name: \_\_\_\_\_ Patient's medical record number: \_\_\_\_\_

Recommended vaccine	Declined
<input type="checkbox"/> Inactivated influenza vaccine	<input type="checkbox"/>
<input type="checkbox"/> Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine	<input type="checkbox"/>

I received a copy of and had a chance to read each Vaccine Information Statement from the Centers for Disease Control and Prevention. This handout has information that explains the vaccine(s) and the disease(s) it prevents for each of the recommended vaccine(s) checked above.

I have had the chance to discuss the recommendation and my refusal with my doctor or nurse. My doctor or nurse has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at [http://bit.do/vis\\_cdc](http://bit.do/vis_cdc).

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

If I do **not** receive the vaccine(s), the consequences include an increased risk of:

- Getting the disease that the vaccine is designed to prevent.
- My newborn baby becoming very ill with the disease that the vaccine is designed to prevent. (During early life, babies rely on their mothers' prenatal immunizations for protection.)

My doctor, the California Academy of Family Physicians, the American College of Obstetrics and Gynecology, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations. Yet I have decided at this time to decline or defer the vaccine(s) recommended for me by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger my health or the life of my child.

I know that I may talk again with my doctor or nurse about these vaccines at any time and that I may change my mind and accept vaccination in the future. I acknowledge that I have read this entire document and fully understand it. I have had the opportunity to discuss my decision not to receive recommended vaccine(s) and still decline the vaccine(s).

Patient name (print): \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name (print): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

[bit.do/izdeclinationform](http://bit.do/izdeclinationform)

## Question for LHDs:

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- What are your thoughts on the prenatal Tdap Program Letter and/or declination form?
- How can you help distribute the letter and/or declination form to providers in your jurisdiction?



## Medi-Cal FFS/Managed Care Health Plans

- Medi-Cal rates limited by Medicare rates
- Low admin fee

Less incentive to vaccinate

Lack of policies to routinely immunize pregnant women

Immunizations not top priority

Pharmacist

## Prenatal Care Providers

- High start up costs, lack of vaccine storage and handling
- Low reimbursement rates

- No good follow-up systems
- Lacking relationship with local immunizers

- No routine monitoring of coverage
- Lack of awareness of recommended guidelines

Not stocking

No strong referral

No strong recommendation

- Lack of awareness
- Access barriers

Misinformation

Pregnant women

# Pharmacists: Accomplishments and Ongoing Efforts

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**1. Implement policies to support vaccination of pregnant women**

✓ Exploring developing template letter from management (CIC)

**2. Make immunizations a priority**

✓ Pharmacists' toolkit including patient care process to IZ services and links to IZ resources

✓ Presentation at yearly CA Pharmacists' Association CE IZ update

✓ Collaboration with Board of Pharmacy to disseminate IZ information

# Template letter for Pharmacists

Pharmacy Logo Here

## Next Pertussis Epidemic Anticipated as Early as this Year

Dear Physician,

As pertussis epidemics are cyclical and tend to peak every 3-5 years, now is the time to act before the next epidemic hits California.

During the last epidemic in 2014:

- Over 11, 000 cases were reported, resulting in 2 infant deaths
- The most severe cases occurred in infants younger than 4 months of age

Both ACIP and ACOG recommend Tdap vaccination of pregnant women during each pregnancy as the optimal strategy to protect young infants from pertussis through transplacental transfer of pertussis antibodies.

**We can help you prevent pertussis in infants by vaccinating your pregnant patients. If you don't stock Tdap, please refer your pregnant patients to us for Tdap vaccine at the earliest opportunity between 27-36 weeks gestation during EACH pregnancy.**

No prescription is necessary for a pharmacist to administer the Tdap vaccine to your pregnant patients.

**(PHARMACY NAME)** regularly stocks Tdap and other vaccines. We accept Medi-Cal and most other types of insurance.

We will provide your patient with a vaccination record, notify you via fax and record the vaccine dose in the state immunization registry within 14 days of administration of the vaccine.

No appointment is necessary! Patients can walk in during the following times: **(LIST HOURS/DAYS)**

We appreciate the opportunity to partner with you in the preventive care of your patients.

Sincerely,

\_\_\_\_\_, PharmD

**Pharmacy Contact Info Here**



[www.eziz.org](http://www.eziz.org)

# Resources

## Pregnant?

Get the whooping cough (pertussis) vaccine, called Tdap, during each pregnancy.



The protection you get from the Tdap shot passes to your baby during pregnancy. This is the only way to protect your baby during the first few months of life.

### Making a strong vaccine referral to pregnant women

#### Strategies for healthcare professionals



#### Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at: <http://vaccine.healthmap.org>.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, it is important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Stocking and administering vaccines in your office may not be feasible for all prenatal healthcare professionals, often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended influenza (flu) and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines even if you are unable to administer them in your office. The strategies outlined are based on research with healthcare professionals and pregnant women. The goal is to strengthen vaccine referrals to increase the likelihood of patient follow through.

#### Vaccines Routinely Recommended for Pregnant Women

It is safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

#### Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

#### Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transplacentally transferred to her developing baby. Third trimester administration optimizes neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

cause:

baby  
let the

## Expecting?

Protect yourself and your baby against flu and whooping cough!

#### Is flu really dangerous?

Yes. If you get the flu, it is not the same as getting a common cold. You can still get the flu even if you are healthy and active. Flu can lead to serious complications such as high fever, pneumonia, and even death for both you and your baby.<sup>1</sup>

Pregnant women are about twice as likely to need hospital care if they get flu compared to women who are not pregnant.<sup>2</sup> Flu can lead to pre-term birth, low birth weight, and stillbirth of the baby.<sup>2</sup> Catching flu during pregnancy also increases your baby's chances of developing schizophrenia and bipolar disorder later in life.<sup>3,4</sup>

#### How dangerous is whooping cough?

For adults, coughing fits can last for months and lead to vomiting, trouble sleeping, and even broken ribs. Whooping cough is highly contagious and can easily spread to others, including babies.<sup>5</sup>

For babies, catching whooping cough can lead to trouble breathing (turning blue or gasping for air), pneumonia, hospitalization, and death.<sup>5</sup>

#### How common are these diseases?

Millions of Californians get flu each year, and about 1,300 babies under 6 months of age are hospitalized due to flu in California.<sup>6</sup> In 2014, over 11,000 people in California became ill with whooping cough, hundreds were hospitalized, and three infants died. In 2010, almost 10,000 Californians caught whooping cough, and 10 infants died. Tragically, more than 70% of cases hospitalized were babies younger than 6 months old.<sup>8</sup>

#### How can I protect my baby and myself?

The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) recommend that all pregnant women get a:

#### Flu Shot

Get immunized as early as possible during the flu season (August–May) every year.<sup>3,10</sup>

**Cough (Tdap) Shot**  
Get immunized as early as possible during your third trimester—weeks of pregnancy—even if you were becoming pregnant. You get the Tdap shot during **every** pregnancy.<sup>2</sup>

Rx

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.

MM-1143 (01/14)



Your baby has you.  
You have text4baby.

Get FREE text messages on:

- Prenatal Care
- Baby Health
- Parenting & More!

**Sign Up Now**

<https://www.cdc.gov/pertussis/pregnant/index.html>





## Questions for LHDs:

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- Would you order a copy of the antepartum record from IZB ?
- Could you purchase copies on your own?
  - <http://sales.acog.org/Antepartum-Record-NCR-Version-P328.aspx>
- How would you distribute this updated version?

# Tasks For LHDs

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- Review Tdap Contraindications
- Review Tdap Tool Kits available:
  - ACOG :  
<http://immunizationforwomen.org/providers/resources/toolkits/tdap.php>
  - San Diego:  
<http://www.sdiz.org/HealthcarePros/Tdap-Toolkit2016.html>
  - San Francisco:  
<http://www.sfcDCP.org/tdaptoolkit.html>

# Questions?

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