

# Prenatal Tdap Workgroup



Immunization Branch  
California Department of Public Health

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# Agenda

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- Purpose of the group
- Describe main findings from enhanced infant pertussis surveillance efforts
- Summary of LHD interviews
- Policies that support prenatal Tdap immunization & resources
- Tasks

# 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

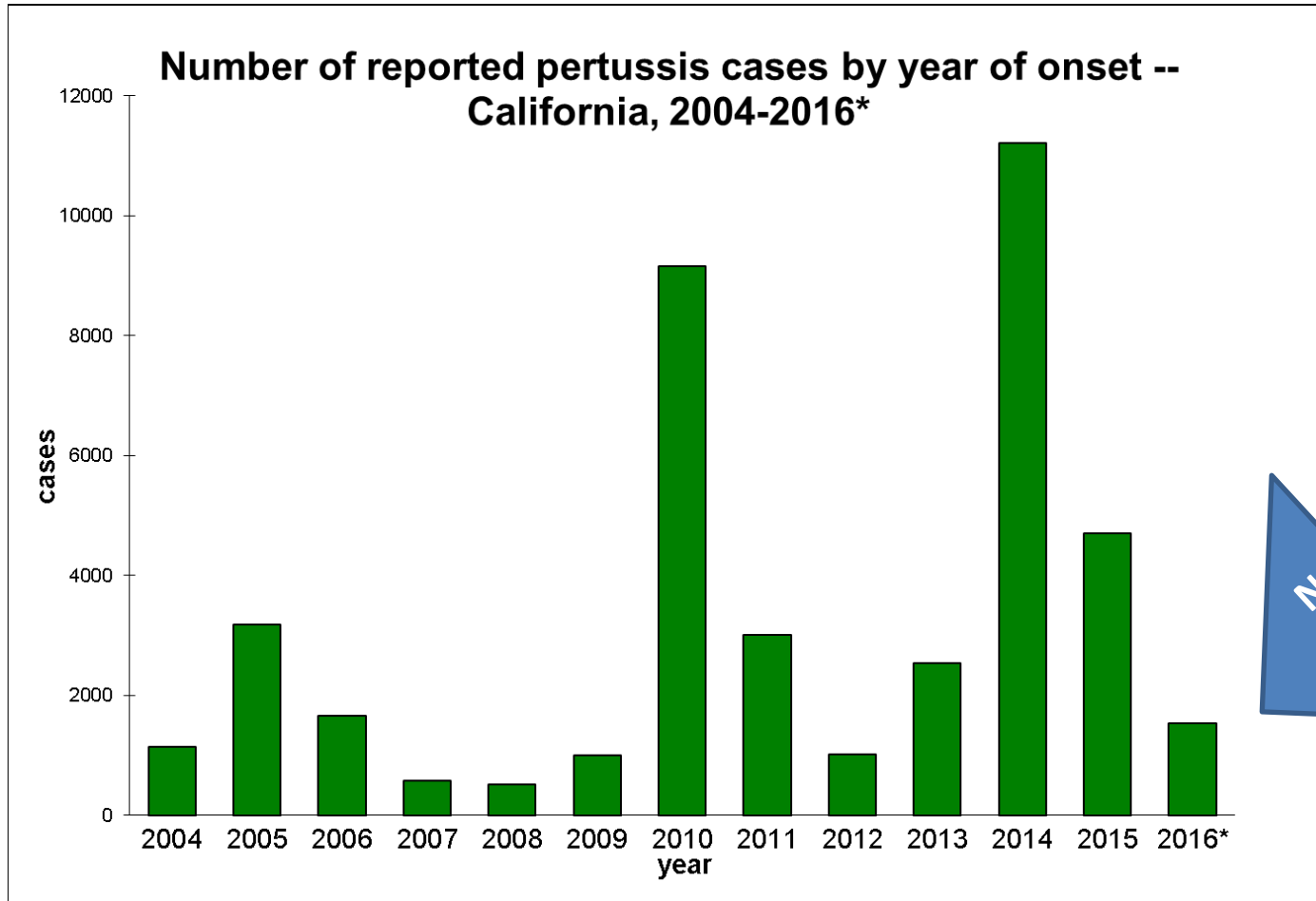
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**Objective 6.1:** Assist with the prevention, surveillance and control of vaccine preventable disease (VPD) within the jurisdiction.

**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).

# Pertussis is Cyclical



Now is the time to act  
BEFORE the next epidemic  
peak

# Reported Receipt of Tdap Vaccination During Pregnancy, Maternal Infant Health Assessment (MIHA) (California), 2015 Provisional Data

	Received Tdap vaccine during pregnancy	
	Prevalence	95% CI
All Women	49%	47-51
Medi-Cal	36%	33-39
Private Insurance	65%	62-69
Hispanic	39%	35-41
Black	46%	40-51
Asian/PI	58%	52-65
White	62%	58-66

**MIHA 2015 Fact Sheet available:** <http://bit.do/MIHAfactsheet>

2015 data are provisional. 2015 provisional MIHA estimates are weighted to preliminary California birth certificate data and will differ slightly from MIHA estimates weighted to the final 2015 Birth Statistical Master File.

# Infant Pertussis Surveillance Efforts

## Findings (n=66/114)



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

- 22 (82%) were vaccinated during their routine OB visit

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

- Many vaccinated postpartum

**Why not vaccinated during pregnancy?**

Of the 19 case-mothers who responded:

- 9 (47%) mothers were offered Tdap but refused
- 10 (53%) mothers did not receive Tdap due to vaccine misconceptions or lack of referral follow up





# 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 wanted to wait until after delivery



I was too busy to go to the alternative site

Personal beliefs

# Findings

## Summary

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- **Not all providers recommended Tdap during pregnancy:** 9 (14%) providers did not recommend Tdap; none of these case-mothers were vaccinated.\*
- **Current referrals are not working:** only 3/16 women who were referred off site received a Tdap
- **Stocking Tdap onsite is essential!**
  - Case-mothers whose prenatal clinics stocked Tdap were nearly 3 times more likely to receive Tdap during pregnancy than those whose clinics did not stock Tdap [RR=2.9; 95% CI: 1.7-5.0]
- **Insurance type makes a difference.**
  - Case-mothers with private insurance were 2 times more likely to receive Tdap during pregnancy compared to case-mothers with Medi-Cal [RR=2.0; 95% CI: 1.1-3.3]

\*3 providers were missing information

# Findings

## Summary

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- 61% of the providers interviewed participate in the Comprehensive Perinatal Services Program (CPSP)
- Providers note two common reasons for not stocking Tdap onsite: cost (44%) and reimbursement (41%)
- 10/27 expressed interest in stocking Tdap onsite but required start up assistance:

**Requiring training on vaccine administration, storage, handling, and billing.**

**Need help purchasing storage equipment, and procuring the vaccine at a lower cost.**

- View webinar at: <https://youtu.be/L1Qm9LdDwjU>

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# Enhanced Infant Pertussis Surveillance Efforts Interviews with LHDs

# Objectives

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- To learn about LHD's experience
  - interviewing the mothers and prenatal care providers
  - meeting with LHD colleagues to coordinate follow-up w/ providers
  - working with providers to assess barriers and provide guidance & resources
- To share existing resources (prenatal Tdap letter, Rx pad, Medi-Cal pharmacy benefit info, Tdap contraindications, etc.) and determine resource needs for this workgroup

# LHDs Interviewed

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- San Diego
- Orange
- Los Angeles
- San Bernardino
- Fresno
- Kern
- Shasta
- Yolo

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# Findings

# Gaps Identified in Providers' Prenatal Tdap Practices

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- Lack of
  - awareness or understanding of importance of **prenatal Tdap recommendation**
  - **reminder system** at the 27-36 week gestation window
  - **referral system** if do not stock on-site
  - **documentation** of
    - recommendation
    - offer of the vaccine
    - referral (as applicable), and
    - patient refusal, (as applicable).



# Other Provider Challenges

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- **Lack of accessibility**; difficulty getting a hold of provider or appropriate staff member
- **Resistance** to being interviewed, sharing records, and accepting feedback
- **Unwillingness to change** practice
- Stated **lack of reimbursement** for vaccines

# Successes

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- LHDs interviewed supported providers to:
  - **implement a reminder system** to recommend, refer, and follow up on referrals
  - **identify local Medi-Cal Managed Care in-network pharmacies** to refer patient to (if don't stock Tdap on-site)
- LHDs interviewed
  - **created county prenatal Tdap referral list**
  - **3-month follow up** with providers

# Successes (cont.)

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- LHD interviewees partnering with MCAH/IZB colleagues to
  - develop a county-specific toolkit
  - provide TA to CPSP providers
  - co-present on prenatal Tdap at an upcoming CPSP provider meeting

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# Policies that Support Prenatal Tdap & Prenatal Tdap Resources

# Tdap Immunization Program

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

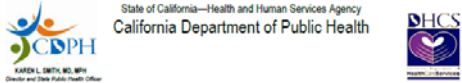
– <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201501.asp#a8>

- 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

December 30, 2014

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 2014](#). 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>2</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 cooing 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 26 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.ly/dhcsnursingprocedures>).
  - 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

# Medi-Cal Policy

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- Medi-Cal Fee for Service (FFS) and Medi-Cal Managed Care Health Plans (MCPs) cover Tdap vaccine every pregnancy and are required to have the ACIP-recommended adult immunizations (including Tdap) as part of their pharmacy formulary benefit.
- Medi-Cal Managed Care Health Plan Directory:
  - <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>

# California Pharmacy Regulations

*(Title 16, Section 1746.4)*

- Require pharmacists to:
  1. Report immunizations into the immunization registry and inform the patient about record-sharing preferences;
  2. **Maintain the vaccine record** at the pharmacy and provide a copy to the patient; and
  3. **Notify a patient's primary care provider (PCP)** of immunizations administered within 14 days. For pregnant women, the pharmacist should notify the prenatal care provider. Patients without a PCP should be advised to consult a health care provider.



# Resources

## Tdap and Influenza Immunization in Pregnant Women 2015 Maternal and Infant Health Assessment Survey



	Received Tdap vaccine during pregnancy			
	Prevalence (%)	95% Confidence Interval		Population Estimate (N)
<b>Top 20 Birthing Counties</b>				
Alameda	73.0	66.1	79.9	13,500
Contra Costa	66.3	58.7	74.0	8,000
Fresno	24.6	16.9	32.3	3,600
Kern	39.3	30.0	48.7	4,900
Los Angeles	39.9	34.2	45.6	47,600
Monterey	41.4	33.6	49.1	2,500
Orange	49.3	38.7	60.0	17,300
Riverside	34.7	26.4	43.0	10,100
Sacramento	56.2	47.8	64.7	10,000
San Bernardino	29.5	21.1	38.0	8,500
San Diego	53.6	44.7	62.4	22,800
San Francisco	80.0	72.9	87.1	6,700
San Joaquin	57.8	49.1	66.6	5,600
San Mateo	74.7	66.8	82.6	6,400
Santa Barbara	57.0	49.2	64.9	3,100
Santa Clara	79.7	73.7	85.8	17,700
Sonoma	76.8	69.4	84.3	3,700
Stanislaus	56.8	48.2	65.4	4,200
Tulare	41.5	31.8	51.2	2,800
Ventura	46.5	38.1	54.9	4,500

Home

### Plan to Prevent Infant Pertussis for Prenatal Care Providers

January 20, 2017

In California from 2014 – 2015, 616 infants under 3 months of age fell ill with pertussis (whooping cough) and four died from this vaccine-preventable illness. The best practice to protect infants too young to be vaccinated is a Tdap vaccination for the mother at the earliest opportunity between 27 – 36 weeks gestation of every pregnancy. Pertussis incidence peaks every three to five years. Prenatal care providers should act now to protect infants before the next epidemic peak is expected in 2017 – 2019.

In response to California's second pertussis infant death in 2016, Karen Smith, MD, MPH, California Department of Public Health Director, and Neal Kohatsu, MD, MPH, Medical Director of the California Department of Health Care Services, released a letter titled "Implement Prenatal Tdap Program to Prevent Infant Pertussis in California" published under Information for Health Professional on the Pertussis page of the California Department of Public Health website. The letter urges all prenatal care providers to implement a strong plan ensuring women are immunized at the earliest opportunity between 27 – 36 weeks gestation of every pregnancy. This guidance is in line with current Advisory Committee on Immunization Practices' recommendations and existing Medi-Cal policy.

Included in this letter is detailed guidance for providers who vaccinate on-site as well as for those referring patients to off-site vaccination. Prenatal care providers are urged to provide a strong recommendation to their patients to receive Tdap and document receipt of vaccination (or refusal) in their chart. Providers who must refer a patient for vaccination off-site should assist in locating local immunization providers and clinics covered by the patient's insurance and follow up in subsequent visits to ensure patients received the vaccine.

The Prenatal Tdap Immunization Resources for Prenatal Care Providers flyer contains more resources and information for your practice.

- **VPD Report:**

<https://archive.cdph.ca.gov/programs/immunize/Pages/VaccinePreventableDiseaseSurveillance.aspx>

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



# 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)

# Tasks

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- Follow up on providers who were not recommending Tdap?
- Develop a list of your county's MCP's in-network pharmacies
  - <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>
- Review existing resources
  - Prenatal Tdap Program Letter \*
    - <https://archive.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-DHCSletterPrenatalTdap.pdf>
  - Prenatal IZ Declination Form
    - <http://eziz.org/assets/docs/PrenatalTdapInfluenzaVaccineDeclinationForm.pdf>

# Questions?

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Rebeca Montealegre Boyte

[Rebeca.Boyte@cdph.ca.gov](mailto:Rebeca.Boyte@cdph.ca.gov)

Anya Gutman

[Anya.Gutman@cdph.ca.gov](mailto:Anya.Gutman@cdph.ca.gov)

Amber Christiansen

[Amber.Christiansen@cdph.ca.gov](mailto:Amber.Christiansen@cdph.ca.gov)