Prenatal Tdap Workgroup
September 14, 2017

Immunization Branch
California Department of Public Health

Agenda

1. **The American College of Obstetricians and Gynecologists Immunization Program: Tdap Resources:** S. Carroll

2. **Laws and Regulations on Medical Assistants' Role Under Standing Orders-** K.Webb

3. **Updates from jurisdictions on implementing the Scope of Work Activity**- ALL

4. **New Pertussis Case Report Form: What has been added & deleted**- K. Winter

5. **Updated Letters to Providers and Managed Care Plans-** A. Christiansen
   - Any other suggested changes before launching?

6. **Plans for future calls-** R. Boyte
   - What other tools/information do you need?
   - Continue meeting or meet in a few months?

The American College of Obstetricians and Gynecologists

Immunization Program: Tdap Resources

Sarah Carroll, MPH

September 14th, 2017

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- 95 % of board-certified ob-gyns are members of ACOG (a total of 56,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries attended by ob-gyns

ACOG's Immunization and Emerging Infections Expert Work Group

In 2010, ACOG convened an Immunization Expert Work Group to further enhance the role of ob-gyns as vaccinators of adolescent and adult women. Over the years, the work group's role has expanded from immunization to a range of infectious diseases and emerging infections. As such, in 2017, the work group expanded its name to the "Immunization and Emerging Infections Expert Work Group". The work group provides valuable contributions to all resources, activities, and programs related to immunization and infectious disease.

- The IEIEWG serves in advisory and leadership capacity to all ACOG's IZ, ID and Emergency Preparedness (e.g. Zika, Ebola) resources, activities, and programs.
- Members are volunteer members, comprised of 15 ob-gyns and 1 pediatrician who are experts in ID, IZ, coding, practice management and emergency response and do most work virtually.
- The Work Group Chair is the 1st ob-gyn appointed as a voting member on ACIP
- Vice chair is the former co-chair of NVAC's Maternal IZ Work Group
- Members are liaisons on numerous federal and professional groups e.g. ACIP, AIM, ASCO, IAC, ECBT, NFID, USPSTF, VAMPSS, Families Fighting Flu, California Immunization Coalition, and more.

Revised Tdap Committee Opinion

- Immediately following the updated ACIP recommendations on Tdap vaccination, the ACOG Committee on Obstetric Practice and the Immunization and Emerging Infections Expert Work Group reviewed and revised ACOG's Committee Opinion on Tdap vaccination during pregnancy
- ACOG worked very closely with CDC to ensure consistency between the CDC recommendations and the forthcoming ACOG Committee Opinion
- An updated Committee Opinion was published in September 2017.

Update on immunization and pregnancy: tetanus, diphtheria, and pertussis vaccination. Committee Opinion No. 718. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e153–7.

Committee Opinion: Key Updates

- Emphasis on administration of Tdap as early in the 27-36 week window as possible
- Emphasis for ob-gyns to stock and administer Tdap vaccine in their office
- Recommendation for referral system for those who are not able to stock
- Tips to administer Tdap at the same time as the GTT or RhoGAM
- Updated safety and efficacy data and references, including several from California.

Updated Tdap Resources for Providers and Patients

Based on the revised Tdap Committee Opinion, provider and patient resources were updated. These materials include:

- Frequently Asked Questions for providers, posted on the Immunization for Women website.
- Frequently Asked Questions for patients in tear pad form (in English and Spanish)

Updated Tdap Tool Kit: September 2017

- Distributed to ACOG Residents and Jr. Fellows later this month
- Letter from Dr. Zahn and Dr. Riley
- Frequently Asked Questions for Patients
- Revised Tdap Committee Opinion

- Tool kit is available electronically
- on the Immunization for Women website!

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 718 • September 2017 *(Replaces Committee Opinion Number 566, June 2013)*

Committee on Obstetric Practice
Immunization and Emerging Infections Expert Work Group

This Committee Opinion was developed by the Immunization and Emerging Infections Expert Work Group and the Committee on Obstetric Practice, with the assistance of Richard Beigi, MD.

Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination

ABSTRACT: The overwhelming majority of morbidity and mortality attributable to pertussis infection occurs in infants who are 3 months and younger. Infants do not begin their own vaccine series against pertussis until approximately 2 months of age. This leaves a window of significant vulnerability for newborns, many of whom contract serious pertussis infections from family members and caregivers, especially their mothers, or older siblings, or both. In 2013, the Advisory Committee on Immunization Practices published its updated recommendation that a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) should be administered

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Frequently Asked Questions for

Pregnant Women Concerning Tdap Vaccination

What is pertussis?
Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing and difficulty breathing. People with pertussis may make a "whooping" sound when they try to breathe and gasp for air. Pertussis can affect people of all ages, and can be very serious, even deadly, for babies less than a year old. In recent outbreaks, babies younger than 3 months have had the highest risk of severe disease and of dying from pertussis.

What is Tdap?
The tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: 1) tetanus, 2) diphtheria, and 3) pertussis.

I am pregnant. Should I get a Tdap shot?
Yes. All pregnant women should get a Tdap shot in the third trimester, preferably between 27 weeks and 36 weeks of gestation. The Tdap shot is a safe and effective way to protect you and your baby from serious illness and complications of pertussis.

When should I get the Tdap shot?
Experts recommend that you get the Tdap shot during the third trimester (preferably between 27 weeks and 36 weeks) of every pregnancy. The shot will help you make protective antibodies against pertussis. These antibodies are passed to your fetus and protect your baby until he or she begins to get vaccines against pertussis at 2 months of age. Receiving the shot early in the 27–36-weeks-of-gestation window is best because it maximizes the antibodies present at birth and will provide the most protection to the newborn.

Is it safe to get the Tdap shot during pregnancy?
Yes. The shot is safe for pregnant women.

Can newborns be vaccinated against pertussis?
No. Newborns cannot start their vaccine series against pertussis until they are 2 months of age because the vaccine does not work in the first few weeks of life. This is one reason why newborns are at a high risk of getting pertussis and becoming very ill.

What else can I do to protect my newborn against pertussis?
Getting your Tdap shot during pregnancy is the most important step in protecting yourself and your baby against pertussis. It also is important that all family members and caregivers are up to date with their vaccines. Adolescent family members or caregivers should receive the Tdap vaccine at 11–12 years of age. If an adult (older than 18 years) family member or caregiver has never received the Tdap vaccine, he or she should get it at least 2 weeks before having contact with your baby. This makes a safety "cocoon" of vaccinated caregivers around your baby.

I am breastfeeding my baby. Is it safe to get the Tdap shot?
Yes. The Tdap shot can be given safely to breastfeeding women if they did not get the Tdap shot during pregnancy and have never received the Tdap shot before. There also may be added benefit to your baby if you get the shot while breastfeeding.

(see reverse)

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Frequently Asked Questions for

Health Care Providers Concerning Tdap Vaccination

What is the Tdap vaccine?
Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) is a combination vaccine that protects against three bacterial infections in a single injection. The three vaccine components are tetanus (T), diphtheria (d) and acellular pertussis (ap). The uppercase letter "T" refers to the standard dose of antigen, whereas the lowercase letter "d" and "p" are used to indicate a reduced dose of diphtheria and pertussis (also called whooping cough) antigens used in the vaccine given to adolescents and adults, compared with the pediatric vaccine (DTaP). There is no separate pertussis-only vaccine commercially available in the United States. The Tdap vaccine does not have a five-component because it is manufactured using inactivated noninfectious bacterial products that generate a robust immune response. This vaccine has been recommended since 2006 for adolescents and adults.

Has Tdap vaccine been given to pregnant and postpartum women in the past and if so why?
Yes. Since 2006, Tdap vaccination has been recommended as a strategy to prevent pertussis infections in newborns and infants who are too young to receive their own vaccines. Ideally, a dose of Tdap vaccine was recommended for any previously unvaccinated postpartum woman and all household members who would come into contact with a newborn. This policy, called "cocooning," aims to protect vulnerable infants from pertussis exposure by ensuring immunization of caregivers and household contacts.

In June 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention recommended that pregnant women receive Tdap vaccination during the second half of pregnancy. Since that recommendation was published, many pregnant women have begun to receive the Tdap vaccine during pregnancy. There is also now a growing body of literature further demonstrating the safety and effectiveness of this approach for protecting newborns against pertussis.

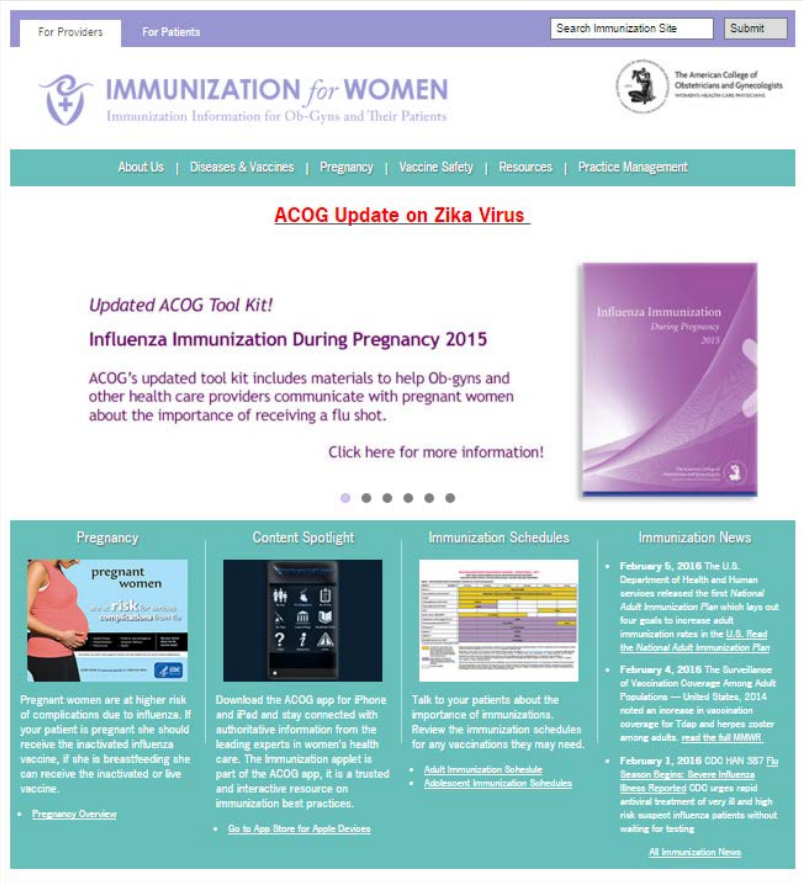
Why is it necessary to vaccinate pregnant women during each pregnancy?
In October 2012, ACIP reviewed critical new data on the lack of persistence of maternal pertussis antibodies and found rapid waning of antibody levels 2–3 years after vaccination. This indicated that maternal antibodies from the Tdap vaccine that are generated during one pregnancy would be insufficient to provide protection during subsequent pregnancies. Based on these important findings, the ACIP recommended that pregnant women be immunized during each pregnancy to ensure that every newborn received the highest possible concentration of antibody at birth and, therefore, would be more likely to have protection during the first few months of life. The revised and current recommendation is that a pregnant woman receive the Tdap vaccine during each pregnancy, regardless of the interval since the last tetanus toxoid–containing booster, preferably during 27–36 weeks of gestation. To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, vaccination as early as possible in the 27–36 weeks of gestation window is recommended.

Why was 27–36 weeks of gestation chosen as the preferred time for maternal immunization?
The last trimester of pregnancy was targeted for maternal immunization in an effort to [illegible] damage of the naturally occurring process of antibody transfer through the placenta during the third trimester.

IMMUNIZATION *for* WOMEN

Immunization Information for Ob-Gyns and Their Patients

ACOG Immunization for Women Website



Find all the Immunization Resources you need in one spot at ACOG's Immunization for Women website:

» Up to date immunization recommendations

» Specific immunization information for pregnant and breastfeeding women

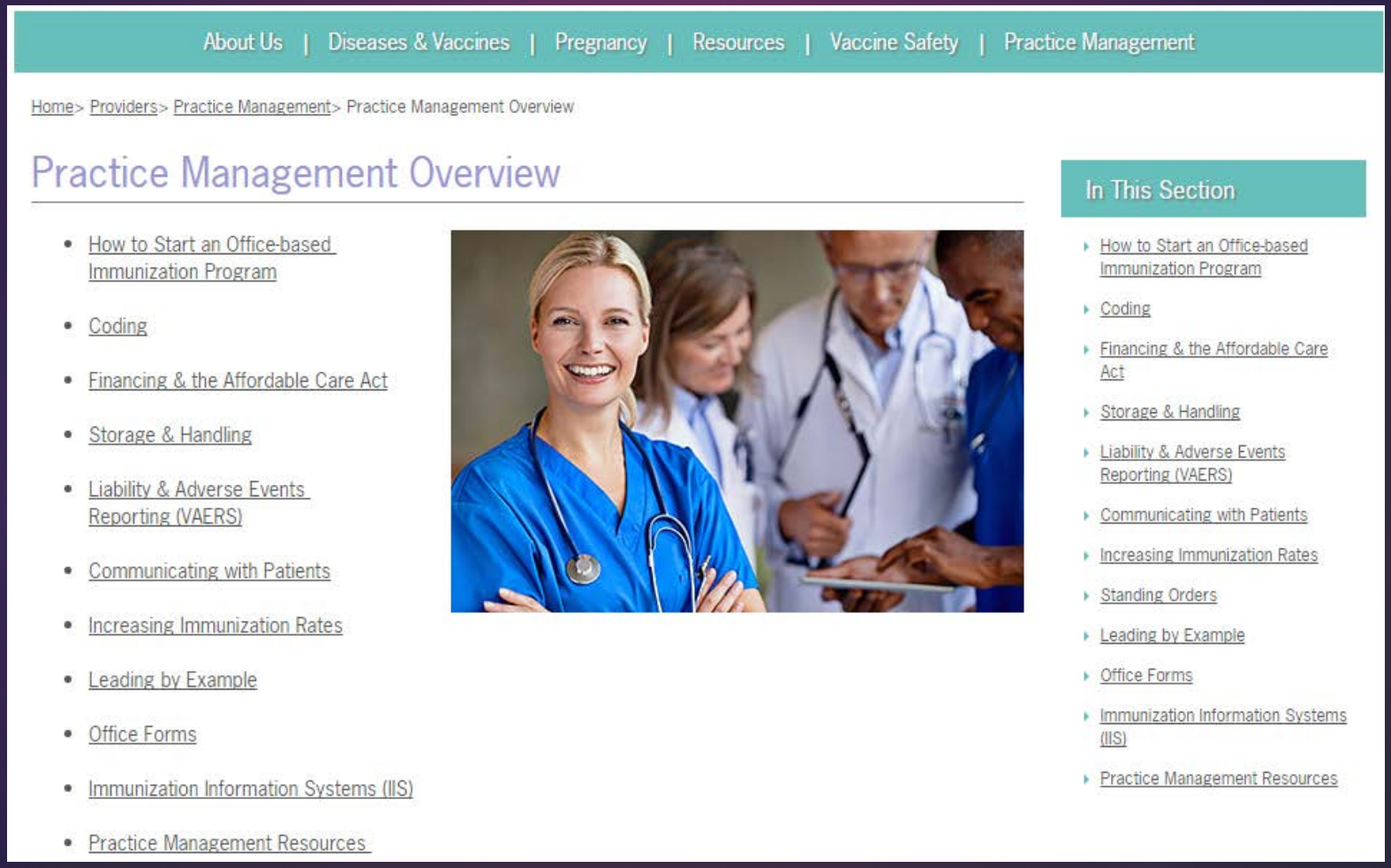
» Information on how to set up and expand an office-based immunization program

» Latest immunization news and updates

» Features separate provider and patient sections

Immunizationforwomen.org

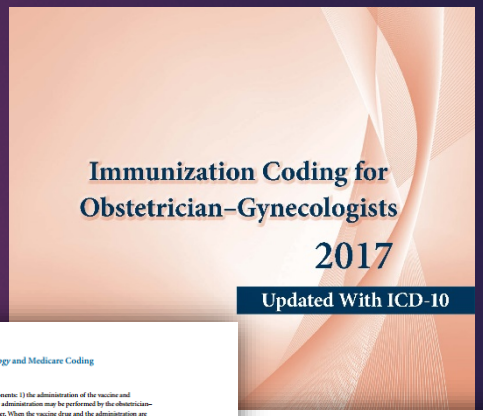
Online Resources: Practice Management

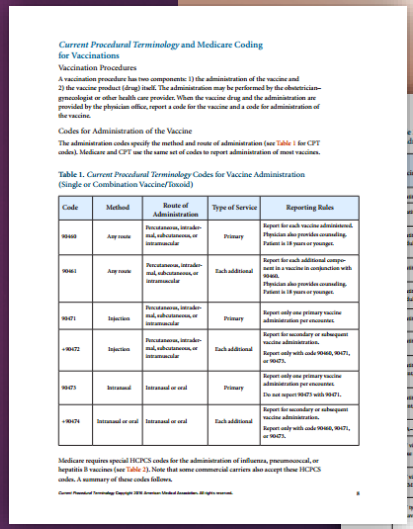


Coding and Reimbursement Resources: Immunization Coding Guide

Immunization Coding for Obstetrician-Gynecologists 2017 provides common immunization codes as part of ACOG's comprehensive Immunization Resources.

- Updated to ICD-10 Codes
- Available electronically on the Immunization for Women website at www.immunizationforwomen.org/coding




Current Procedural Terminology and Medicare Coding for Vaccinations

Vaccination Procedures

A vaccination procedure has two components: 1) the administration of the vaccine and 2) the vaccine product (drug) itself. The administration may be performed by the obstetrician–gynecologist or other health care provider. When the vaccine drug and the administration are provided by the physician office, report a code for the vaccine and a code for administration of the vaccine.

Codes for Administration of the Vaccine

The administration codes specify the method and route of administration (see Table 1 for CPT codes). Medicare and CPT use the same set of codes to report administration of most vaccines.

Table 1. *Current Procedural Terminology* Codes for Vaccine Administration (Single or Combination Vaccine/Toxoid)

Code	Method	Route of Administration	Type of Service	Reporting Rules
90460	Any route	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report for each vaccine administered. Physician also provides counseling. Patient is 18 years or younger.
90461	Any route	Percutaneous, intradermal, subcutaneous, or intramuscular	Each additional	Report for each additional component in a vaccine in conjunction with 90460. Physician also provides counseling. Patient is 18 years or younger.
90471	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report only one primary vaccine administration per encounter.
+90472	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Each additional	Report for secondary or subsequent vaccine administration. Report only with code 90460, 90471, or 90473.
90473	Intranasal	Intranasal or oral	Primary	Report only one primary vaccine administration per encounters. Do not report 90473 with 90471.
+90474	Intranasal or oral	Intranasal or oral	Each additional	Report for secondary or subsequent vaccine administration. Report only with code 90460, 90471, or 90473.

Medicare requires special HCPCS codes for the administration of influenza, pneumococcal, or hepatitis B vaccines (see Table 2). Note that some commercial carriers also accept these HCPCS codes. A summary of these codes follows.

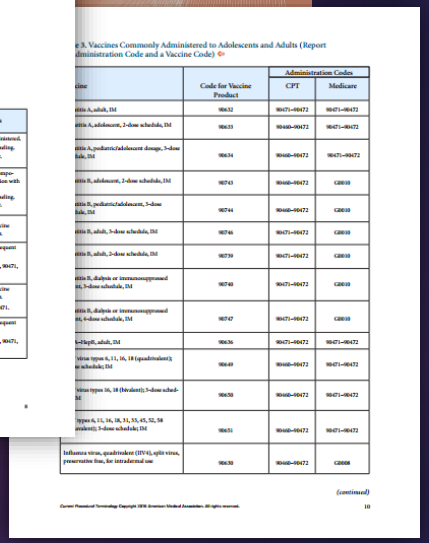


Table 3. Vaccines Commonly Administered to Adolescents and Adults (Report Administration Code and a Vaccine Code)

	Code for Vaccine Product	Administration Codes	
		CPT	Medicare
...titis A, adult, IM	90632	90471–90472	90471–90472
...titis A, adolescent, 2-dose schedule, IM	90633	90460–90472	90471–90472
...titis A, pediatric/adolescent dosage, 3-dose ...hedule, IM	90634	90460–90472	90471–90472
...titis B, adolescent, 2-dose schedule, IM	90743	90460–90472	G0010
...titis B, pediatric/adolescent, 3-dose ...hedule, IM	90744	90460–90472	G0010
...titis B, adult, 3-dose schedule, IM	90746	90471–90472	G0010
...titis B, adult, 2-dose schedule, IM	90739	90471–90472	G0010
...titis B, dialysis or immunosuppressed ...nt, 3-dose schedule, IM	90740	90471–90472	G0010
...titis B, dialysis or immunosuppressed ...nt, 4-dose schedule, IM	90747	90471–90472	G0010
...-HepB, adult, IM	90636	90471–90472	90471–90472
...virus types 6, 11, 16, 18 (quadrivalent); ...e schedule, IM	90649	90460–90472	90471–90472
...virus types 16, 18 (bivalent); 3-dose sched... IM	90650	90460–90472	90471–90472
...types 6, 11, 16, 18, 31, 33, 45, 52, 58 ...ivalent); 3-dose schedule, IM	90651	90460–90472	90471–90472
Influenza virus, quadrivalent (IIV4), split virus, preservative free, for intradermal use	90630	90460–90472	G0008

(continued)

Evaluation of ACOG's Efforts to Improve Adult Immunization through Ob-Gyns (Published January 2016*)

- ACOG's Research department and Immunization staff conducted a prospective, longitudinal study to determine ACOG's efforts to increase ob-gyn use of ACOG IZ toolkits and vax administration were effective
- Pre- and post-intervention surveys to random sample 1,500 ACOG members between August 2012 and July 2015. ACOG distributed 3 immunization toolkits between August 2012 and March 2013 to 35,000 active practice ob-gyn members
- 87% of survey ob-gyns reviewed the IZ toolkits
- Large majority reported that they offered or planned to offer flu and Tdap vax to patients
- Postintervention respondents significantly more likely to use standing orders, had increased access to patient records and decreased cost as a barrier to IZ
- Ob-gyns in group practice more likely to offer Tdap, flu and have standing orders than solo practice or academic

*Supported by CDC Cooperative Agreement 5U661P000667

Evaluation of ACOG's Efforts to Improve Adult Immunization through Ob-Gyns (Published January 2016*)

Table 3: Statistically significant differences between pre- and postintervention study providers.

Variable	Preintervention study (%)	Postintervention study (%)	p value
Received ACOG's immunization toolkit mailings[†]	67.0	84.5	<.001
Valuable immunization resources to include in future toolkit mailings			
Clinical guidelines from ACOG[†]	71.2	58.0	.001
Coding information and tips[†]	30.7	18.0	<.001
Reimbursement information and tips[†]	15.2	9.4	<.001
Barriers to offering immunizations			
Cost[†]	45.5	34.8	.006
Time[*]	25.4	33.0	.036
Lack of access to patient records[*]	7.5	3.7	.048
Lack of patient interest[*]	29.9	37.5	.043
Use standing orders for immunizations[*]	36.5	46.6	.011
Routinely offer Tdap to all pregnant patients[†]	59.3	76.8	<.001
Common reasons patients decline vaccinations			
They do not think they need vaccines[†]	70.4	80.6	.003
Percentage of patients that decline vaccinations			
Less than one-third[†]	64.4	76.5	.001
Receive annual influenza vaccination themselves[*]	90.7	96.1	.024
Require staff to receive annual influenza vaccination[*]	78.1	86.2	.011

ACOG, American College of Obstetricians and Gynecologists; Tdap, tetanus-diphtheria-acellular pertussis.
[*] $p < .05$, [†] $p < .01$.

Jones, K., Carroll, S., Hawks, D., McElwain, C., McElwain, C. (2016). Efforts to improve immunization coverage during pregnancy among OBGYNs. Infectious Diseases in Obstetrics and Gynecology 2016 (6120701): 1-9. http://dx.doi.org/10.1155/2016/6120701

Contact Information

Debra Hawks, Senior Director, Obstetrics, Genetics, Immunization

dhawks@acog.org

Sarah Carroll, Director, Immunization

scarroll@acog.org

Lindsey Regallis, Immunization Program Specialist

lregallis@acog.org

Sarah Wright, Immunization Manager (CDC Grant)

swright@acog.org

Immunization Program: immunization@acog.org

MEDICAL BOARD OF CALIFORNIA

Laws and Regulations on Medical Assistants' Role Under Standing Orders

Kerrie Webb, Senior Staff Counsel

WHERE TO FIND LAWS AND REGULATIONS APPLICABLE TO MEDICAL ASSISTANTS

- Business and Professions Code Sections 2069 – 2071
- California Code of Regulations, Title 16, Sections 1366 – 1366.4

SPECIFIC AUTHORIZATION

- "Specific authorization" means a specific written order prepared by the supervising physician, physician assistant, nurse practitioner, or nurse midwife authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record; or a standing order prepared by the supervisor authorizing procedures to be performed. A notation of the standing order shall be placed in the patient's medical record.

(B&P Code Section 2069(b)(2))

SUPERVISION

IMPORTANT:

- "Supervision" requires the physical presence of a supervisor in the treatment facility while the medical assistant is performing procedures.
- A supervisor can be a physician, physician assistant, nurse practitioner, or certified nurse-midwife.

(B&P Code Section 2069(b)(3))

MEDICAL ASSISTANT SCOPE OF PRACTICE

- General Guidelines:
  - Medical assistants may not diagnose, treat or perform any task that is invasive or requires an assessment.
  - Medical assistants are there to assist and perform supportive services in the physician's office appropriate with their training, which cannot be compared with licensed health professionals who must meet rigorous educational and examination requirements.

➡ Training of medical assistants and their demonstrated competence must be documented and certified by the supervising physician. (16 CCR 1366.3)

MEDICAL ASSISTANT SCOPE OF PRACTICE

- Medical Assistants **Can** (not all inclusive):
  - Administer medication orally, sublingually, topically, vaginally or rectally, or
  - by intramuscular, subcutaneous and intradermal injection (injections require additional training).

➡ NOTE: The supervisor must verify the correct medication and dosage and authorize the administration. The supervisor must be physically present in the treatment facility when the drug is administered.

(16 CCR Sections 1366(b)(1) and 1366.1)

TRAINING FOR INJECTIONS/VENIPUNCTURE

- In order to administer medications by intramuscular, subcutaneous and intradermal injection, the medical assistant shall have completed the minimum training prescribed. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician (or instructor) proficiency in the procedures to be performed, but shall include no less than:
  - 10 clock hours of training in administering injections and performing skin tests and/or
  - 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
  - Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipunctures and 10 skin punctures.

(16 CCR Sections 1366(b)(1) and 1366.1)

MEDICAL ASSISTANT SCOPE OF PRACTICE

- Medical Assistants **Cannot** (not all inclusive):
  - Diagnose or determine a treatment plan.
  - Determine that a test is required.
  - Interpret results of tests.
  - Administer any kind of anesthetic agent.

(B&P Code section 2069(c)(2) & (3) and
16 CCR Section 1366(b)(1))

RESOURCES & INFORMATION

- Medical Board Website:

  www.mbc.ca.gov

  - FAQs
  - Newsletter Articles
  - Specific Laws and Regulations

- Contacts:

  AnnaMarie Sewell, Medical Assistant Program Analyst
  AnnaMarie.Sewell@mbc.ca.gov
  916-263-2393

  Kerrie Webb, Senior Staff Counsel
  Kerrie.Webb@mbc.ca.gov
  916-263-2389

Local Health Department Scope of Work

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 Heath (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).

Questions for LHDs:

- What tools have you chosen for your toolkit?
- Were you able to create/obtain a list of your MCP's in-network pharmacies?
- If you encounter problems try to:
  - Work with the plan first
    - Medi-Cal FAQs may help
    - For additional help, contact:

      Amber Christiansen at 510-620-3759 or Amber.Christiansen@cdph.ca.gov

Update to Pertussis Surveillance Form

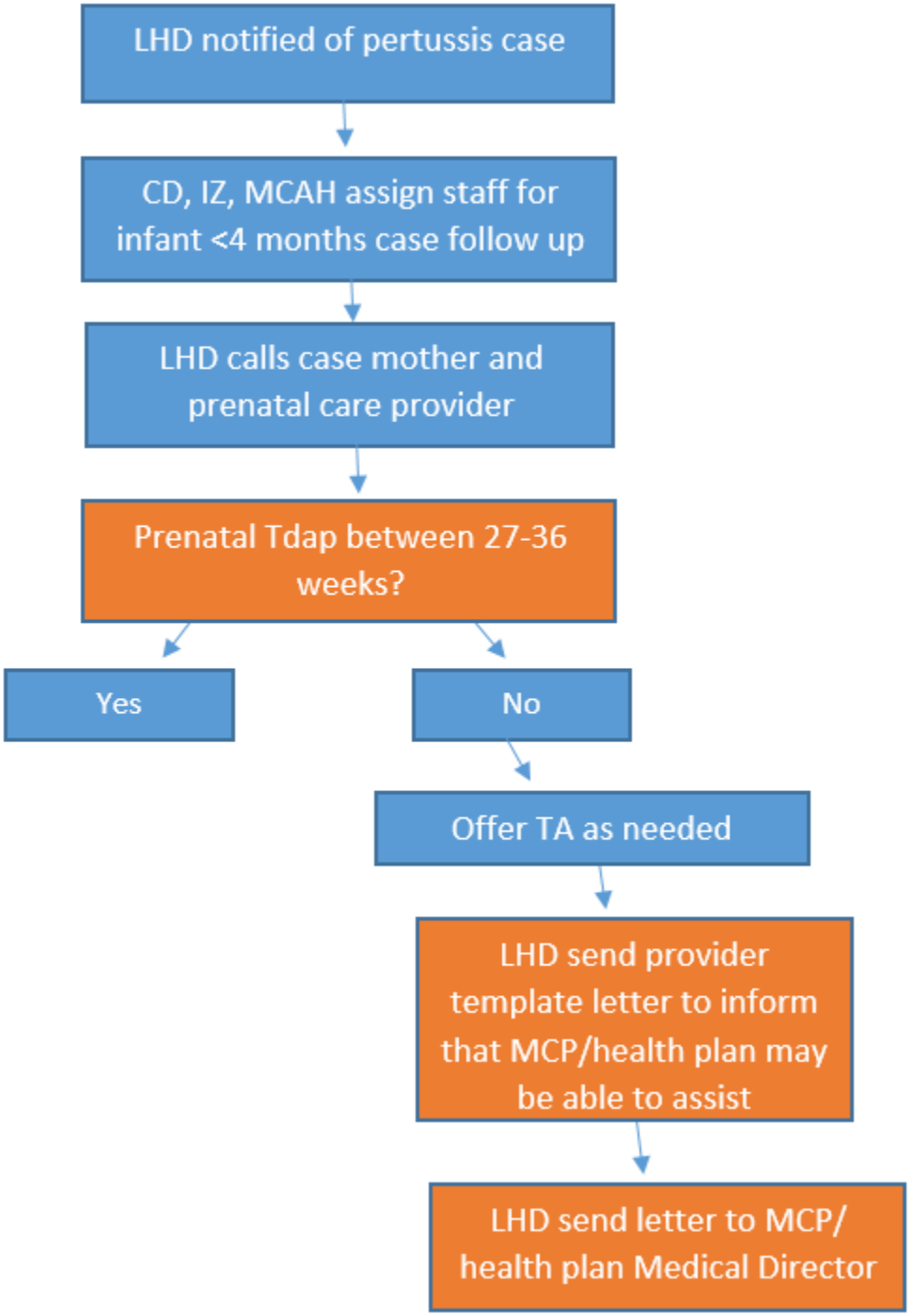
FOR INFANTS <4 MONTHS OF AGE		
Mother's name *(last, first, middle initial)*	Mother's DOB *(mm /dd/yyyy)* / /	Prenatal care provider name (*Clinician and/or Practice*)
Prenatal care provider location *(street, city/town, state)*	Does prenatal care provider participate in CPSP? ☐ Yes ☐ No ☐ Unk	
Mother's insurance type for prenatal care ☐ Private ☐ Medi-Cal Fee for Service (Pregnancy-only) ☐ Medi-Cal Managed Care ☐ Other Member ID # Plan name		
Did mother receive Tdap during pregnancy? ☐ Yes ☐ No- she declined ☐ No- never recommended ☐ No – Other, why: _____ ☐ Unk If yes: Date of Tdap vaccination? / / ☐ Unk Weeks' Gestation: Trimester:		
Where did mother receive Tdap during this pregnancy? ☐ Prenatal care provider's office ☐ Pharmacy ☐ LHD or other medical office		

Prenatal Tdap as Quality of Care Issue

- MCPs required to monitor, evaluate, and take effective action to address any needed improvements in the quality of care delivered by providers.
- MCP Quality Improvement Committees review issues

- Trigger: infant pertussis case <4 months of age and no receipt of Tdap between 27-36 weeks gestation
- Strategy: notify MCP/health plan and request assistance to identify/address barriers to IZ

Potential Workflow of Infant Pertussis Case Follow Up with Provider and Plan



Dear Dr. [Provider's Name]:

Recently, the infant of [Mother's First and Last Name], a patient who received prenatal care from your practice, was hospitalized/died due to pertussis infection. It is our understanding that [Mother's First Name] did not receive tetanus, diphtheria and acellular pertussis (Tdap) vaccine between 27-36 weeks gestation of pregnancy and is insured by [name of Medi-Cal Managed Care or Private Health Plan]. (MCP). According to our records, [Mother's First Name] received Tdap after 36 weeks gestation on xx/xx/xxxx. If this information is incorrect, please let us know as soon as possible.

ACOG, CDC, and the California Department of Public Health (CDPH) recommend that women receive Tdap vaccine at the earliest opportunity between 27 and 36 weeks gestation of **every** pregnancy, regardless of their Tdap vaccination history. Transplacental transfer of maternal pertussis antibodies from mother to infant can provide protection against pertussis in early life, before infants receive the first dose of diphtheria, tetanus, and pertussis (DTaP) vaccine at age 6-8 weeks.

Rates of prenatal immunization are highest when prenatal providers recommend and administer vaccine onsite rather than refer patients for vaccination. For providers that do not stock vaccine, patients may be referred to a pharmacy for vaccination.

Although prenatal immunization is covered by Medi-Cal and private health plans, we are aware there are still barriers to administering and stocking vaccine or referring patients for immunization. If you've experienced difficulty getting reimbursed for Tdap in the past or would like to find out where to refer patients, we urge you to contact your patient's Medi-Cal Managed Care Plan to troubleshoot this issue. As a reminder, Medi-Cal covers prenatal immunizations as both a medical and pharmacy benefit.

Your patient's Medi-Cal Managed Care Plan may also be contacting you to evaluate and reduce barriers and better support you in the provision of prenatal care to your patients.

For additional information on prenatal Tdap immunization, please review resources from
ACOG: http://www.immunizationforwomen.org
CDPH: http://eziz.org/resources/pertussis-promo-materials/tdap-webinar-obs/
CDC: https://www.cdc.gov/pertussis/pregnant/index.html

MCP/Health Plan Template Letter

Dear Dr. [Medical Director's Name]:

Recently, the infant of [Mother's First and Last Name], a member of your Plan, was hospitalized/died due to pertussis infection. It appears that Ms. [Mother's last Name] did not receive tetanus, diphtheria and acellular pertussis (Tdap) vaccine in the recommended timeframe between 27-36 weeks gestation of pregnancy. The mother's Medi-Cal identification number is _____.

In an effort to prevent infant pertussis cases through maternal immunization, the county health department has contacted the prenatal care provider of Ms. [Mother's last Name] to discuss the recommendations for prenatal Tdap and provide assistance as needed. However, there may be additional barriers the provider is facing in providing quality care.

Since your Plan is a key partner in promoting quality prenatal care for women in our county, we request that your Plan's Quality Improvement Committee work with the provider to identify and address potential barriers to prenatal immunization.

Case information:
[Mother's First and Last Name]
[Mother's Medi-Cal ID#]
[Mother's DOB]
[Prenatal Care Provider Name]
[Provider Phone Number]

Sincerely,

[Signatory]
[Title]
[County] Public Health Department

Plans for Future Calls

- What other tools/information do you need?
- Continue meeting or meet in a few months?

Questions?

Rebeca Montealegre Boyte
Rebeca.Boyte@cdph.ca.gov

Amber Christiansen
Amber.Christiansen@cdph.ca.gov

Anya Gutman
Anya.Gutman@cdph.ca.gov

Kathleen Winter
Kathleen.Winter@cdph.ca.gov

Nisha Gandhi
Nisha.Gandhi@cdph.ca.gov