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- 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.\*

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.

- c. **Make a strong recommendation** for Tdap vaccination, stressing the importance and safety for mother and baby. Use a statement rather than a question: “Now that you’re in the third trimester, it’s time to get a whooping cough vaccine. This is to protect your baby.” Also see ACOG’s [FAQs for Pregnant Women Concerning Tdap Vaccination](#).
  - d. **Document** recommendation and receipt of vaccination or patient declination (if applicable) in the medical records of all prenatal patients.
  - e. **Uphold the same standard of care for all women in your practice**, and offer Tdap to all prenatal patients at the earliest opportunity between 27-36 weeks gestation, regardless of payor. Call your provider relations representative if you are having trouble with reimbursement.
2. ***If currently unable to vaccinate on-site:***
- a. **Strongly consider** stocking Tdap vaccinations at your site. [Prenatal patients seen by providers who stock vaccinations are much more likely to get vaccinated](#). See ACOG’s resources to learn about starting your own [office-based immunization program](#) and AAP’s resources on [group purchasing](#).
  - b. **Make a strong recommendation and referral** for your patient to receive Tdap vaccination off-site, stressing the importance and safety for mother and baby. See CDC’s piece on [Making a Strong Referral for Pregnant Women](#) for key steps and potential language.
  - c. **Assist patients in locating a local immunization provider/clinic that is covered by their insurance.** Medi-Cal Fee for Service (FFS) and Medi-Cal Managed Care Plans (MCPs) cover Tdap vaccine between 27-36 weeks gestation of every pregnancy and are required to have the ACIP-recommended adult immunizations (including Tdap) as part of their pharmacy formulary benefit. For each patient who needs an off-site referral, request that your office manager contact health plans’ member services with the patient to identify specific locations where your patient can access Tdap.
    - i. For patients enrolled in Medi-Cal MCPs, the member services number is located on the back of their Medi-Cal Benefits Identification Card.
    - ii. For patients enrolled in Medi-Cal FFS, call 1-800-541-5555 (or if calling from a cell phone with an out-of-state area code, call 916-636-1980).
  - d. **Provide patients with a prescription.** Although a prescription for Tdap vaccine is not needed, it may reinforce the importance of your recommendation. Order free copies of the [pre-filled immunization RX-pad \(IMM-1143\)](#) from your local health department (<http://bit.do/immunization>).
  - e. **When referring patients to be vaccinated off-site, ensure patients’ ability to travel off-site and that the clinic or pharmacy will administer Tdap to your patient:**
    - i. Medi-Cal managed care members under age 21 are eligible for free transportation services to receive medically necessary services (e.g., immunization visits) that managed care plans are responsible for providing pursuant to their [contracts with the Department of Health Care Services \(DHCS\)](#). This is provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
    - ii. If your practice is having difficulty ensuring that Medi-Cal MCP members receive Tdap at the earliest opportunity between 27-36 weeks gestation, contact the respective plan’s [provider services number](#).
    - iii. For issues that cannot be resolved by calling the Medi-Cal MCP, please contact the California Department of Health Care Services (DHCS) [Office of the Ombudsman](#) at 1-888-452-8609 (office hours are Monday through Friday, 8am to 5pm Pacific Time; excluding holidays) or [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov). DHCS recommends calling the Ombudsman for any issues that require the inclusion of confidential data. If your issue is still not resolved, please contact [your](#)

[local health department](#) or Amber Christiansen at  
amber.christiansen@cdph.ca.gov or (510) 620-3737.

- f. **Follow-up at subsequent appointments** to ensure that pregnant women receive Tdap vaccination at the earliest opportunity between 27-36 weeks gestation. Keep urging the mother to get vaccinated.
  - g. **Document** recommendation and receipt of Tdap vaccine or patient declination (if applicable) in the medical records of all prenatal patients.
- 3. Use materials to reinforce the importance of immunizations during pregnancy:**  
Provide information about immunizations and pregnancy for your prenatal patients in waiting rooms and exam rooms. Patient materials include:
- a. “Flu and Whooping Cough poster for Pregnant Women” in [English](#), [Spanish](#), and [Chinese](#).
  - b. “Expecting? Protect yourself and your baby against flu and whooping cough!” in [English](#), [Spanish](#), and [Chinese](#).
  - c. “Immunizations for a Healthy Pregnancy” in [English](#), [Spanish](#), and [Chinese](#)
  - d. Visit EZIZ.org for [additional pertussis prevention materials](#). Many of these materials can be ordered for FREE from your [local health department](#).
- 4. Participate in the California Immunization Registry (CAIR):**  
CAIR is a computerized information system that collects immunization data from public and private health care providers and combines it into one complete record for individuals in California. This helps health care providers, parents, and individuals to keep track of immunization status, even if those immunizations came from more than one provider. To learn more about CAIR or to join, visit [www.cairweb.org](http://www.cairweb.org).
- 5. Stay informed about the latest Tdap immunization guidelines and pertussis case data:**  
Learn more about ACIP’s [currently recommended guidelines](#), and visit the CDPH Immunization Branch website for the latest [summary reports of pertussis cases in California](#) to be informed about infant pertussis cases in your county. Check out the resources guide attached to this letter for more materials.

You or your practice will be notified if an infant born to one of your prenatal patients develops pertussis before four months of age. The California Department of Public Health is working with local health departments to use a [pertussis supplemental form](#) to systematically obtain information about barriers and best practices for ensuring that prenatal patients receive Tdap vaccine at the earliest opportunity between 27-36 weeks gestation. By collecting this information, public health departments will learn how to best support you in addressing barriers to vaccinating pregnant women.

We look forward to collaborating with you to promote the health of your patients and their infants, and to reduce health disparities. Together we can help prevent infant pertussis in California.

Sincerely,



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\*California Department of Public Health, Immunization Branch, unpublished data.