# Immunization Priorities to Prevent Infant Pertussis

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| **1. Maternal prenatal Tdap** *(most effective strategy)* | **Mother** Decreases acute risk of mother becoming ill with pertussis  
 **Baby** Provides baby with antibody protection until baby old enough to receive own DTaP vaccination | Premature infants born before there is sufficient time for maternal antibody production and transfer might not be protected | Mothers should get Tdap during 3rd trimester of each pregnancy  
 [www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html](http://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html) | Mothers should get Tdap 3rd trimester of every pregnancy, at first opportunity after 26 weeks of gestation |
| **2. DTaP for baby as early as possible (6wks)** *(effective strategy)* | **No effect** | No protection before 6+ weeks of age, when infants are at highest risk of death | DTaP is the best protection for babies as they grow older  
 [www.cdc.gov/pertussis/pregnant/mom/vaccinate-baby.html](http://www.cdc.gov/pertussis/pregnant/mom/vaccinate-baby.html) | Babies should receive DTaP as early as feasible (ideally 6 weeks) because pertussis is endemic in our community* in California |
| **3. Immunizing all close contacts (cocooning) infant** *(minimally effective strategy)* | **Decrease risk of mother’s exposure to pertussis**  
 **Decreases risk of infant’s exposure to pertussis** | No protection against pertussis if mother or baby is exposed, and pertussis is very common in the population | Might indirectly protect the baby, but does not provide direct protection, and it’s hard to immunize all possible contacts  
 [www.cdc.gov/pertussis/pregnant/mom/protection.html](http://www.cdc.gov/pertussis/pregnant/mom/protection.html) | Might indirectly protect the baby, but it is logistically difficult to immunize everyone around the baby, so has limited effectiveness |
| **4. Maternal postpartum Tdap** *(least effective strategy)* | **Decreases acute risk of mother becoming ill with pertussis**  
 **Possible small effect from mother being less likely to be source of pertussis infection to expose child. (Unknown if any protection added to breast milk.)** | No direct protection for infant | Mothers who did not receive Tdap during pregnancy should receive it postpartum to reduce the likelihood that the mothers become infected with pertussis, and thus less likely that they pass it onto the baby  
 [www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html](http://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html) | Mothers who did not receive Tdap during pregnancy should receive it postpartum to reduce the likelihood that the mothers become infected with pertussis, and thus less likely that they pass it onto the baby |

*Red Book/AAP 2015*