Prenatal Tdap Workgroup

Immunization Branch
California Department of Public Health
User Interface

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Already on the call? Press #XX#

[Enter a question for staff]
Agenda

• 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

- **Objective:** Gather tools and compile best practices to help meet the Immunization Program’s Scope of Work Activity
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).
Pertussis is Cyclical

Number of reported pertussis cases by year of onset -- California, 2004-2016*

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

<table>
<thead>
<tr>
<th></th>
<th>Received Tdap vaccine during pregnancy</th>
<th>Prevalence</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Women</strong></td>
<td></td>
<td><strong>49%</strong></td>
<td>47-51</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td></td>
<td><strong>36%</strong></td>
<td>33-39</td>
</tr>
<tr>
<td><strong>Private Insurance</strong></td>
<td></td>
<td><strong>65%</strong></td>
<td>62-69</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td></td>
<td><strong>39%</strong></td>
<td>35-41</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td></td>
<td><strong>46%</strong></td>
<td>40-51</td>
</tr>
<tr>
<td><strong>Asian/PI</strong></td>
<td></td>
<td><strong>58%</strong></td>
<td>52-65</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td><strong>62%</strong></td>
<td>58-66</td>
</tr>
</tbody>
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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.
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
I received a vaccine during my last pregnancy.

My other children already have Tdap.

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

I had an adverse reaction as an infant.

I wanted to wait until after delivery.

I received a vaccine during my last pregnancy.

I was too busy to go to the alternative site.

Personal beliefs.
Findings

Summary

• **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

- 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
Enhanced Infant Pertussis Surveillance Efforts
Interviews with LHDs
Objectives

• 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

- San Diego
- Orange
- Los Angeles
- San Bernardino
- Fresno
- Kern
- Shasta
- Yolo
Findings
Gaps Identified in Providers’ Prenatal Tdap Practices

• 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

- **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

• 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.)

• 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
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](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
How to make a STRONG RECOMMENDATION

1. Educate all staff
2. Routinize offer
3. Make a strong recommendation
4. Uphold same standards
5. Document

How to make a STRONG REFERRAL

1. Consider stocking
2. Make a strong recommendation
3. Find local immunizer
4. Ensure ability to travel
5. RX
6. Close the loop: follow up
7. Provide RX

Document
Medi-Cal Policy

• 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

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: ____________________________

<table>
<thead>
<tr>
<th>Recommended vaccine</th>
<th>Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inactivated influenza vaccine</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

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
Tasks

• 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 *
  – Prenatal IZ Declination Form
    • http://eziz.org/assets/docs/PrenatalTdapInfluenzaVaccineDeclinationForm.pdf
Questions?

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