***Instructions: Please modify or delete areas in red as appropriate and include a confidentiality notice (sample provided below).***

Provider Name

Provider Address

Date

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 diagnosed with pertussis [and was hospitalized/died due to this infection]. It is our understanding that Ms. [Mother’s Last 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]. According to our records, [Mother’s First Name] received Tdap on xx/xx/xxxx. If this information is incorrect, please let us know as soon as possible.

[ACOG](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/09/update-on-immunization-and-pregnancy-tetanus-diphtheria-and-pertussis-vaccination), [CDC](https://www.cdc.gov/pertussis/pregnant/index.html), and the [California Department of Public Health](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/pertussis.aspx) (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](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9956150/) are highest when prenatal providers recommend and administer vaccine onsite rather than refer patients for vaccination. For providers who do not stock vaccine, patients may be referred to a pharmacy for vaccination. [Note to LHD that is tailoring this letter: this is true for all Medi-Cal members; to verify if this applies to a private health plan, please contact the plan.]

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 health plan to troubleshoot this issue. As a reminder, Medi-Cal covers prenatal immunizations as both a medical and [pharmacy](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-009R.pdf) benefit.

Your patient’s health plan may also be contacting you to evaluate and reduce barriers and better support you in the provision of prenatal care to your patients. [Note to LHD that is tailoring this letter: You may choose to alert the Plan of this case if the mother and infant are on the same health plan.]

For additional information on prenatal Tdap immunization, please review resources from

[ACOG](http://www.immunizationforwomen.org) (<http://www.immunizationforwomen.org>)

[CDPH](https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/pertussis.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/pertussis.aspx>)

[CDC](https://www.cdc.gov/pertussis/pregnant/index.html) (<https://www.cdc.gov/pertussis/pregnant/index.html>)

Sincerely,

[Signatory]

[Local] Health Officer

[Local] Public Health Department

**Confidentiality notice:** The information contained in this letter/email contains privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original communication immediately.