

TO: EZIZ Users
FROM: CDPH
SUBJECT: First Infant Pertussis Death in CA: What Providers Can Do
DATE: 2/14/14

Dear EZIZ Users:

The first infant death due to pertussis in California since 2010 was recently reported in a Latino infant. While only 50% of births in California are to Latina mothers, more than 80% of the state's infant pertussis-associated deaths since 1990 have been in the Latino infants. Additionally, the overall incidence of pertussis in Latino infants and children less than two years of age is greater than other race/ethnic groups. As the state experiences an increase in pertussis, all infants are at risk, particularly Latino infants. This death is a tragic reminder of how deadly pertussis can be for young infants. The best way to protect infants against fatal or severe pertussis infection is to vaccinate pregnant women with Tdap during every pregnancy. Vaccinated pregnant women develop antibodies to pertussis that are passed to the fetus and may protect young infants until they are old enough to be vaccinated.

In 2013, there were 2,372 reported pertussis cases, more than double the number of cases in 2012. Prenatal care providers are strongly recommended to vaccinate their pregnant patients with Tdap to help prevent infant pertussis deaths.

Prenatal care providers should:

- administer a dose of Tdap to all pregnant women during every pregnancy, regardless of the patient's prior history of receiving Tdap. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks of gestation. In addition to providing pertussis antibodies to the infant, the mother herself will be protected and less likely to become infected and transmit pertussis to her infant.

Tdap should also be given:

- to all adolescents and adults who have not received Tdap.
- after giving birth, before hospital discharge, to women who have not been previously vaccinated with Tdap (breastfeeding is not a contraindication for Tdap). Vaccination during pregnancy is highly preferred over postpartum vaccination.
- to other family members and close contacts of infants who have not received Tdap, ideally at least 2 weeks prior to contact with the infant.

Related Information:

[Stop Pertussis: Pregnant Women and Their Babies Rely on You \[PDF\]](#)

[Tdap for Pregnant Women: Information for Providers](#)

[Stories of People Impacted by Pertussis](#)

[Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine \(Tdap\) in Pregnant Women — Advisory Committee on Immunization Practices \(ACIP\), 2012](#)

[Pertussis in Young Infants – Guidance for Clinicians](#)

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