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California Department of Public Health



EDMUND G. BROWN JR.
Governor

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To: California Medical Directors

As California Department of Public Health (CDPH) Director and State Health Officer, I am asking that Medical Directors across the state help further the efforts of the healthcare community to protect young infants who are most vulnerable to complications and death from pertussis. I recognize the value of working in partnership with our community and know that with collaboration from you, we can help prevent pertussis hospitalizations and deaths.

Pertussis is Widespread in California

A pertussis epidemic has been declared in California in 2014. As of June 24, 4,558 pertussis cases had been reported to CDPH, more than the number reported in all of 2013.¹ The disease is cyclical and peaks every 3 to 5 years. With the state's previous peak occurring in 2010, another epidemic year was not unexpected, but is no less concerning.

Infants too young to be fully immunized are most likely to be hospitalized or die from pertussis. Of the cases reported so far this year, 177 cases were infants <4 months of age; 89 (50%) of whom were hospitalized. Tragically, 3 infants, all too young to be vaccinated, have died from pertussis in 2014.¹

Recommendation - Vaccinate Your Pregnant Women and Pediatric Patients

In light of the current pertussis outbreak in California, CDPH is urging prenatal care providers to follow the federal Advisory Committee Immunization Practices (ACIP), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Family Physicians (AAFP) recommendations to immunize all pregnant women between 27 and 36 weeks gestation with Tdap vaccine during EACH pregnancy, regardless of the number of prior doses of Tdap previously received, to maximize protection of the newborn infant.² This strategy provides protection to the infant from maternal antibodies transferred from the vaccinated mother to the fetus, helping to protect infants until they are old enough to be vaccinated.

Infants should be vaccinated against pertussis with the DTaP vaccine without delay. The first dose is routinely recommended at 2 months of age but can be given as early as 6 weeks of age. Even one dose of DTaP vaccine may offer protection against fatal pertussis infection. Children need five doses of DTaP vaccine by kindergarten (ages 4 – 6 years).³ A Tdap booster is recommended for adolescents at age 11-12 years.⁴ Also, adults who haven't yet received Tdap should receive it, especially if they are in contact with infants or if they are healthcare workers who may have contact with infants or pregnant women.⁵

It is important that patients consistently receive clear information regarding Tdap/DTaP immunization. By coordinating efforts across the state, we can increase immunization of pregnant women during the third trimester and young infants with DTaP. These efforts will protect more infants from pertussis-related complications and death.

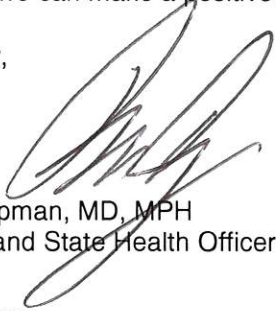
Possible steps that hospitals, clinics, and health plans can take to support pertussis vaccination include:

- Identify 'touch points' during patient visits where Tdap/DTaP vaccination opportunities exist.
- Incorporate pertussis education into prenatal appointments, childbirth and new baby care classes, breastfeeding classes, and hospital tours.
- Provide pertussis educational materials for distribution in physician offices and childbirth classes.
- Make Vaccine Information Statements and other information about the Tdap/DTaP vaccine available to in prenatal and pediatric clinics.
- Administer Tdap vaccine to pregnant patients as per ACIP recommendations.
- Administer DTaP vaccine to pediatric patients as per ACIP recommendations.
- Implement enhancements to your hospital's electronic medical records reporting system to promote Tdap/DTaP assessment and administration via electronic reminders to clinicians.
- Implement "reminder recall" systems to remind patients when vaccinations are due or late.
- Identify barriers to administration of Tdap to pregnant women and work to eliminate them, e.g., make Tdap vaccine easily available to prenatal care providers and remove financial barriers to Tdap administration.

Analysis of prenatal vaccination rates in California reveal that improvement is needed. A survey of women delivering in California hospitals in October 2013 indicated that only 20 – 25% received Tdap during pregnancy.⁶

I appreciate your help in the fight against infant hospitalizations and deaths from pertussis and believe together we can make a positive impact on the lives of infants born in California.

Sincerely,



Ron Chapman, MD, MPH
Director and State Health Officer

References

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