UPDATED Recommendations for Administration of Tdap in Pregnant Women

In October 2011, the Advisory Committee on Immunization Practices (ACIP) recommended that unvaccinated pregnant women receive a single dose of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap). Vaccination of women with Tdap during pregnancy is expected to provide some protection to infants from pertussis until they are old enough to be vaccinated themselves.

The 2011 recommendation did not call for revaccinating pregnant women previously vaccinated with Tdap. New data indicates that maternal antipertussis antibodies are short-lived and that Tdap vaccination in one pregnancy will not provide high levels of antibodies to protect newborns during subsequent pregnancies. ACIP therefore now recommends a dose of Tdap during each pregnancy, irrespective of the patient’s prior history of Tdap vaccination. Providers of prenatal care should implement a Tdap immunization program for all pregnant women.

Tdap may be administered any time during pregnancy but vaccination during the third trimester provides the highest concentration of maternal antibodies to be transferred closer to birth. To maximize the maternal antibody response and passive transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation. For women not previously vaccinated with Tdap, if not administered during pregnancy, Tdap should be given immediately post-partum.

As part of a cocooning strategy to protect vulnerable infants, ACIP continues to recommend that adolescents and adults (i.e. parents, siblings, grandparents, child-care providers, and health care personnel) with close contact with an infant aged < 12 months receive a single dose of Tdap to protect against pertussis if they have not received Tdap previously. Guidance from ACIP will be forthcoming on revaccination of individuals who anticipate close contact with an infant.

For details regarding the new ACIP recommendations, please refer to the Morbidity and Mortality Weekly Report (MMWR) issue of February 22, 2013, volume 62, No 7, pages 131 to 135. You can access the article directly at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm?s_cid=mm6207a4_e.

For more information about pertussis, go to http://smchealth.org/whoopingcough.

The Communicable Disease Program is available to help meet the reporting needs of, and answer questions for, San Mateo County providers. To report a disease or outbreak, please call 650-573-2346 Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919. You may download an electronic copy of the CMR at http://smchealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. Web-based reporting via CalREDIE is also available. Please contact us if you would like to know more about, and sign up for, web-based reporting. Non-urgent questions and/or general inquiries may be directed to PH_CDControlUnit@smcgov.org.

Categories of urgency levels:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides information regarding an incident or situation; unlikely to require immediate attention.