December 11, 2017

To:  Local Health Officers, Communicable Disease Controllers, Maternal Child Adolescent Health Directors, and Immunization Coordinators

Re:   Prenatal Tdap Immunizations and Prenatal Care Providers

As you know, the best strategy to prevent infant pertussis is to immunize pregnant women with Tdap between 27-36 weeks of gestation. The California Conference of Local Health Officers (CCLHO) Communicable Disease Control and Prevention committee voted on August 17, 2017 to encourage Health Officers to inform the mother’s prenatal care provider and health plan if a woman did not receive Tdap in this window and her infant went on to develop pertussis before four months of age.

I encourage you to use and modify the attached template letter to assist your work with prenatal care providers to ensure pregnant women are immunized appropriately.

Upon confirmation of a pertussis case in an infant less than four months of age, please consider taking these steps:

1. Determine immunization and insurance status of the infant’s mother during pregnancy. Collecting this information is part of your routine case investigation of infant pertussis cases. On the Pertussis Case Report, make note of the mother’s full name, mother’s date of birth, mother’s health plan (or Medi-Cal) identification number, health plan name, and the name of her prenatal care provider. Ask if her infant is covered under the mother’s health plan.

If the mother was NOT immunized with Tdap at 27-36 weeks of gestation, please proceed to step 2 below.

2. Use and modify the attached “Template Letter to Prenatal Care Providers” to alert the woman’s prenatal care provider of the infant case and to provide information about national recommendations. Offering assistance to better understand and resolve barriers may help prevent additional infant pertussis cases from mothers served by this provider. Please include a confidentiality disclaimer to protect personal health information.

3. You may choose to contact the Medical Director of the mother’s Plan, if in Step 1 you determined that the mother and infant are on the same health plan. Since Plans are partners in promoting quality prenatal care, the Plan can contact the provider to evaluate and reduce barriers and better support its network providers in meeting national recommendations.

4. Share any successes and lessons learned with your colleagues via the CCLHO Communicable Disease Control and Prevention Committee meetings.

Thank you for your ongoing efforts to reduce infant pertussis morbidity and mortality. Please feel free to contact me at ken.cutler@co.nevada.ca.us or at 530-265-7154.

Sincerely,

Ken Cutler, MD, MPH
President, California Conference of Local Health Officers

Attachment