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State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

October 7, 2011

AFL 11-51

TO: General Acute Care Hospitals
Primary Care Clinics

SUBJECT: Use of Tdap Vaccine Instead of Td Vaccine in Emergency Departments and Urgent Care Clinics

In response to the increased incidence of pertussis (whooping cough) in California and the United States, the California Department of Public Health (CDPH) recommends that:

- Whenever tetanus toxoid is indicated for wound management, hospital emergency departments and urgent care centers administer tetanus, diphtheria, and acellular pertussis (Tdap) vaccine instead of tetanus and diphtheria (Td) toxoids or tetanus toxoid (TT) to all patients 7 years of age and older, including pregnant women, who have not had a previous dose of Tdap.*

*If immunization records are not available, assume that the patient has NOT received a prior dose of Tdap.

In 2010, over 9,000 cases of pertussis were reported in California, including 10 deaths in infants ≤ 2 months of age. Disease incidence continues to be elevated in 2011, with nearly 2,000 cases and more than 100 hospitalizations, mainly among infants under two months of age.

Pertussis is typically spread to young infants by adolescents or adults, usually household members. Infants too young to be immunized against pertussis are particularly vulnerable to severe pertussis disease. Increasing population immunity to pertussis should reduce opportunities for pertussis transmission.

Tdap vaccine, which was first licensed in the U.S. in 2005, is the only product available to protect older children, teens and adults against pertussis. Two Tdap formulations are available. Adacel® is currently licensed for those who are 11-64 years of age and Boostrix® is licensed for those 10 years of age and older (including those older than 64 years of age). At this time, the Federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommends a single dose of Tdap for

those who have not received it, although it is anticipated that booster doses will be recommended.

Tdap need not be deferred if the patient cannot recall whether they have had a prior dose of Tdap vaccine and Tdap can be given regardless of the time elapsed since the last vaccine containing tetanus or diphtheria toxoids.

The only contraindications to immunization with Tdap, both rare, are a documented history of anaphylaxis after receipt of Tdap, DTaP or their ingredients; or encephalopathy occurring within 7 days after immunization against pertussis that was not due to another identifiable cause.

CDPH recommends that you review and display the poster entitled: Tetanus Prophylaxis for Wound Management.¹ This and other CDPH resources for healthcare providers and patients are available at:

<http://www.cdph.ca.gov/programs/immunize/Pages/HealthProfessionals.aspx>

If you have any questions about tetanus vaccine recommendations for wound management or about pertussis, please contact the CDPH Immunization Branch at (510) 620-3737.

Thank you for your efforts to protect Californians from vaccine-preventable diseases.

Sincerely,

Original Signed by Gilberto Chavez, MD, MPH

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¹ <http://www.eziz.org/assets/docs/IMM-154.pdf>