Bring on the Tdap: Oregon's Efforts to Protect the Most Vulnerable

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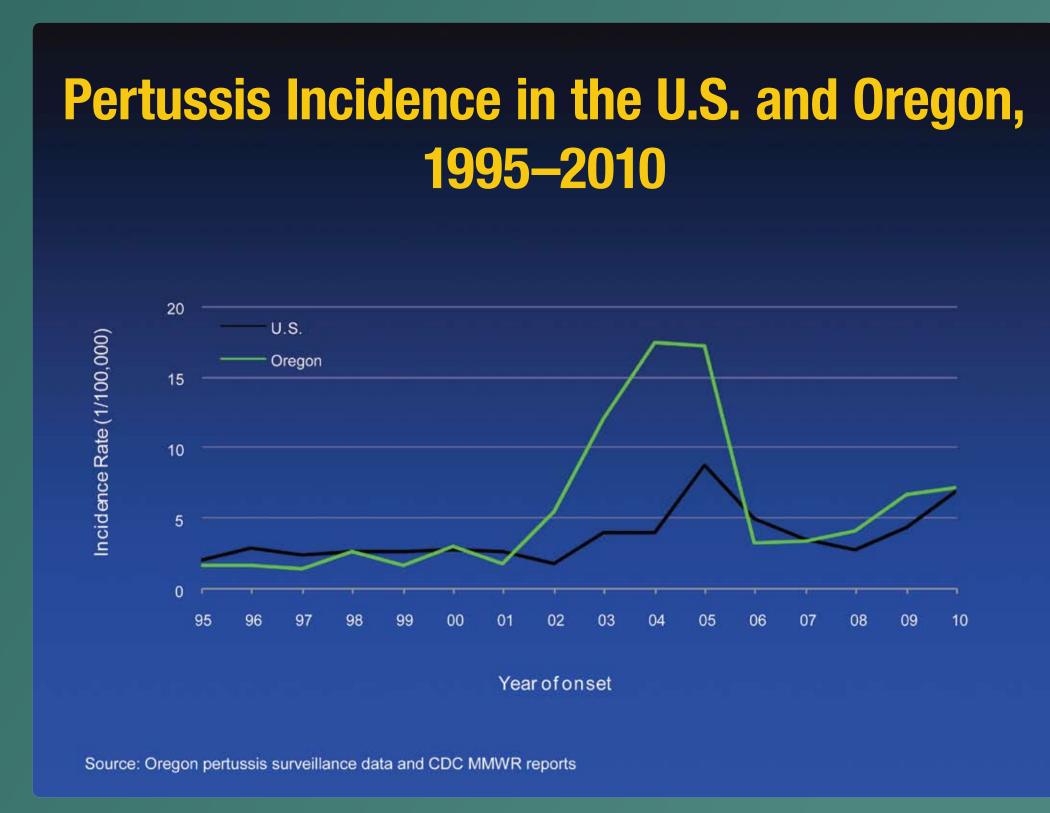
Protecting ONE takes EVERYONE! Is your family protected against pertussis? Pertussis can occur at any age, but infants and young children are at highest risk of life-threatening consequences. Older children, adolescents, adults and parents who may have a mild illness can spread the disease to infants and young children. The new Tdap vaccine will help protect your family. Oregon Partnership to more information, please call your health care provider or 1-800-SAFENET to find out where you can get a pertussis vaccination.

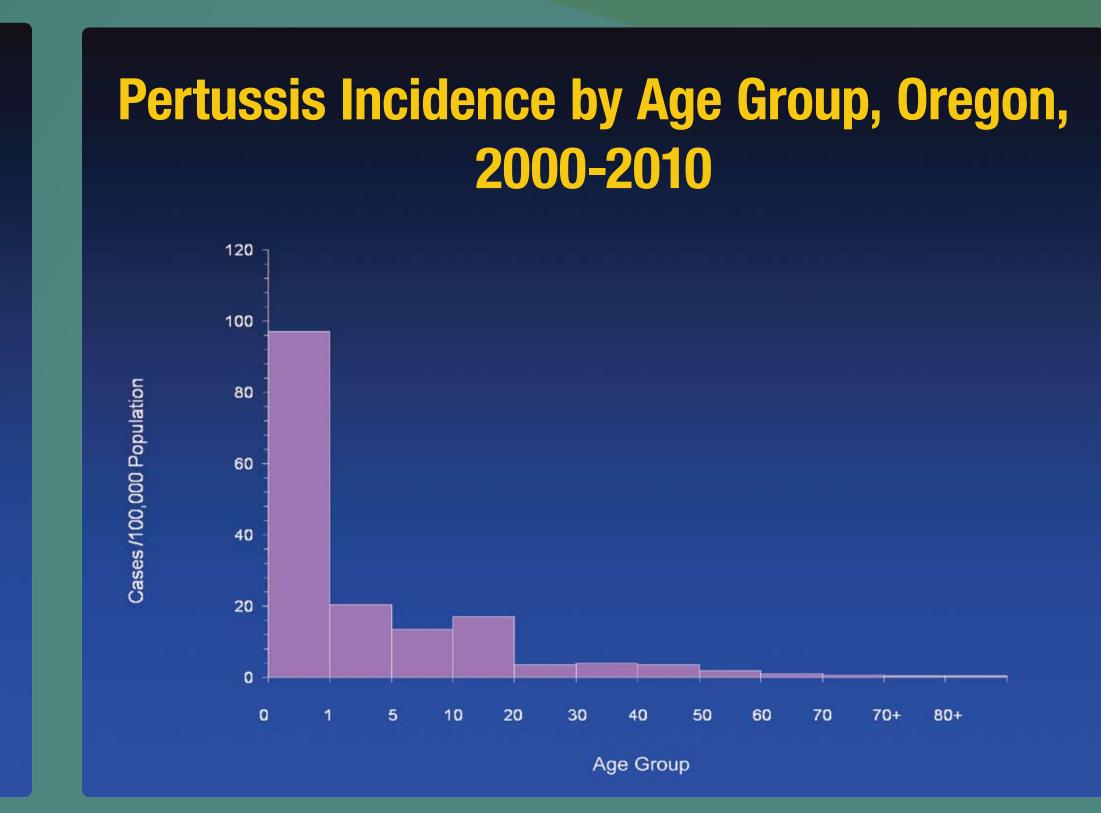
Methods:

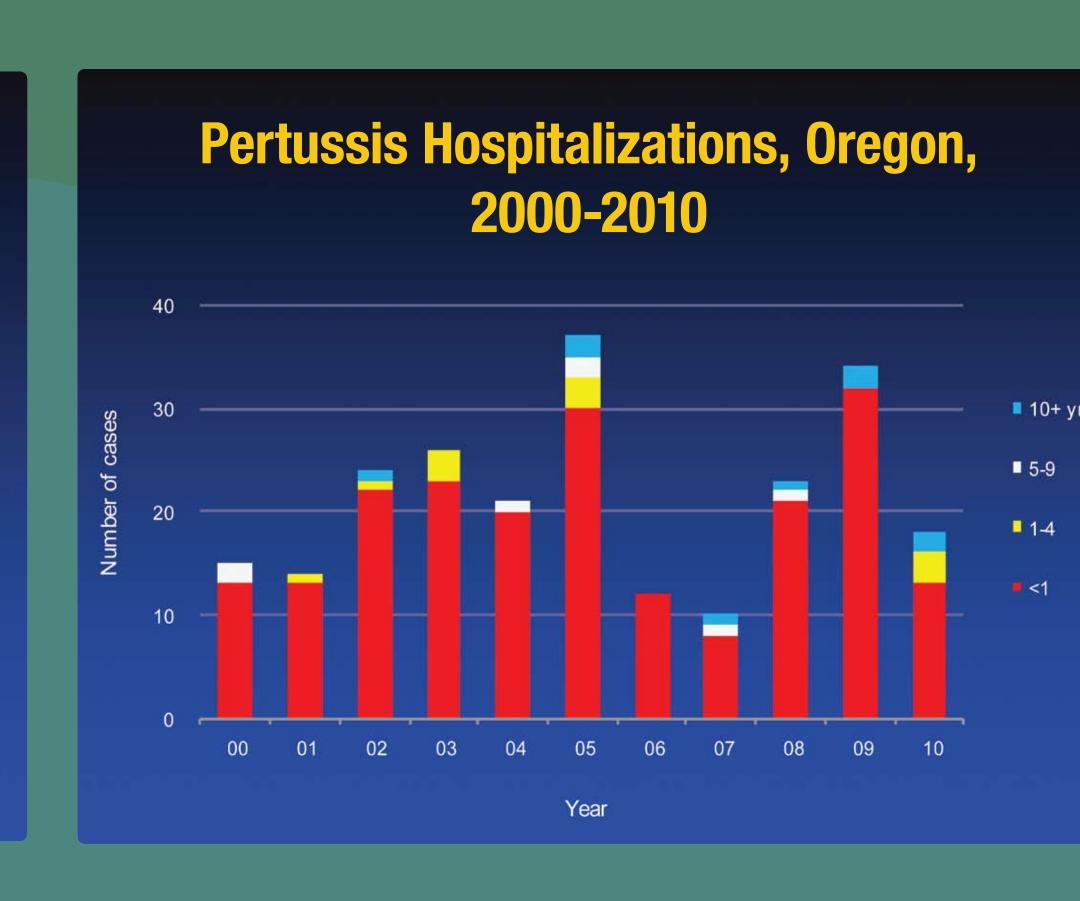
- Vaccine was provided at no cost to public and private providers, including hospital systems, through a one-year special project in 2008.
- Promotional materials, press releases and presentations were created and disseminated.
- Tdap booster was added as a requirement to attend public schools starting with entry into 7th grade.
- Oregon hospital birth centers were surveyed in 2008 and 2010 regarding Tdap administration to new mothers and other family members before hospital discharge.

Background:

Since 2001 Oregon's incidence of pertussis has been greater than the national average most years. Studies provide evidence that household members are responsible for more than 80 percent of *Bordetella pertussis* transmission to infants*.

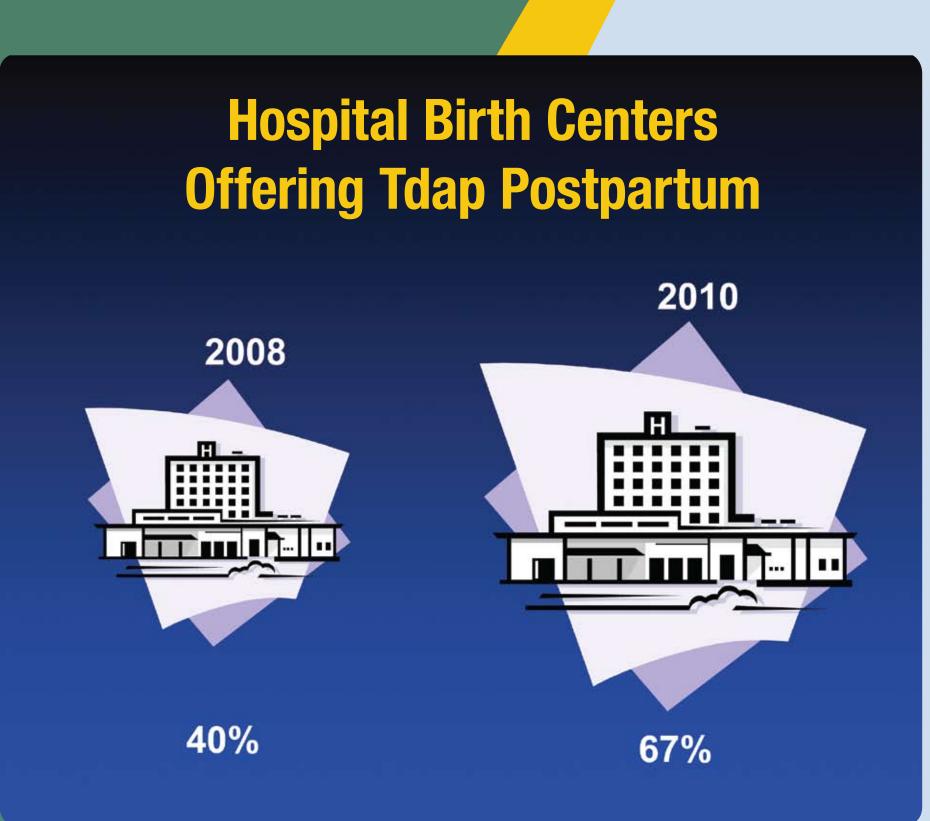


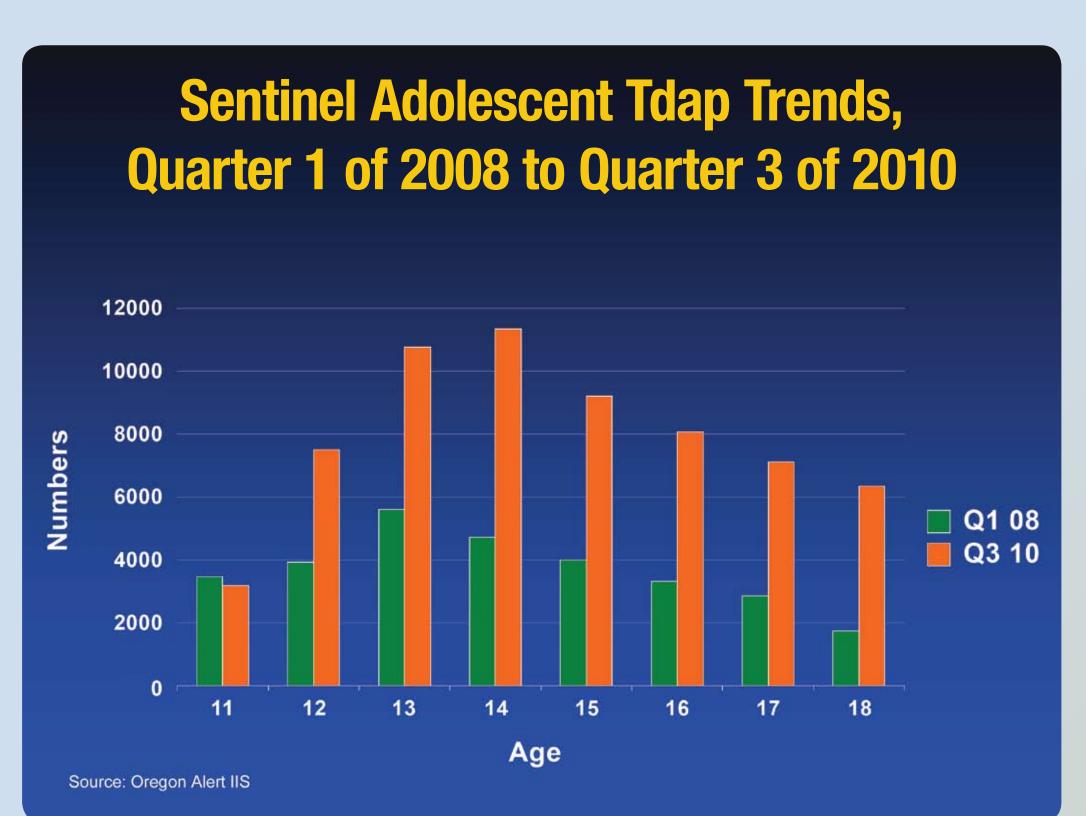




Objectives:

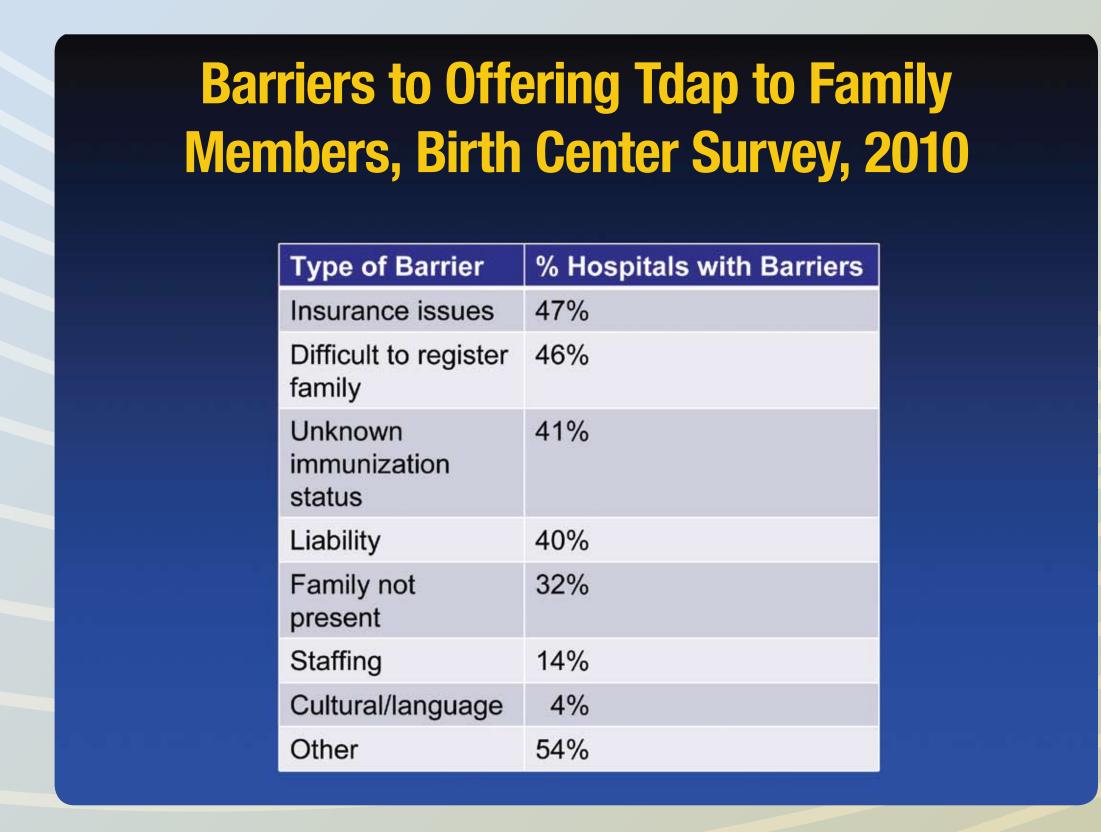
- Protect infants, who are most vulnerable, by increasing Tdap uptake in those eligible to receive it.
- Evaluate and increase postpartum Tdap administration by Oregon birth centers.
- Assess potential barriers to postpartum Tdap administration in Oregon birth centers.





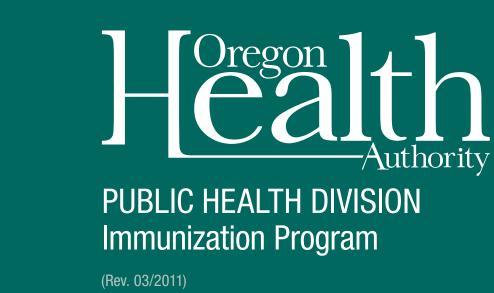
Results:

- The Tdap special project distributed 50,000 doses.
- Uptake of Tdap in adolescents doubled between quarter 1 of 2008 and quarter 3 of 2010 from ~30,000 to ~64,000.
- Birth centers offering Tdap postpartum increased 27%.
- Birth centers that accounted for approximately 80 percent of the 2010 birth cohort had policies or preprinted orders in place to offer Tdap to mothers before discharge.
- Barriers to offering Tdap to other family members at the birth center were identified.



Conclusions:

A multidimensional approach was effective in improving uptake of Tdap and increasing the number of hospital birth centers offering Tdap postpartum to mothers. Barriers to offering Tdap to mothers were few. However, many barriers were reported to offering Tdap to other family members. These barriers included insurance and liability concerns, unknown immunization status of potential recipients, hospital registration issues for non-patients, and absence of other family members at the birth center in the post-partum period.



^{*} Pediatr Infect Dis J. 2007 Apr;26(4):293