## Antepartum Cocooning With Tdap Vaccine to Prevent Pertussis and Promote Maternal, Fetal and Neonatal Outcomes

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#### Background - 1

 Pertussis is the only vaccine preventable disease on the rise worldwide for more than 20 years

- Adolescents and adults with waning immunity have become today's vectors of pertussis
- Pertussis morbidity and mortality are highest in infants less than 3 months of age
- Family members and close contacts of the newborn are the most common source of infection, when a source can be identified

#### Background - 2

- Many states have had outbreaks of pertussis in recent years including:
  - Arizona, Delaware, Illinois, Kentucky, Michigan,
     Minnesota, Ohio, Oregon, Pennsylvania, South Carolina,
     Texas, and Wisconsin
  - Best known is the California epidemic of 2010:
    - 9,154 cases of pertussis
    - 10 infant deaths; all less than 3 months of age
    - New recommendations for Tdap were instituted by the California Department of Public Health in 2010
    - The deaths stopped

#### Background - 3

- Since 2005, ACIP recommendations for Tdap in pregnancy have been for women:
  - before becoming pregnant
  - in the immediate postpartum period
- October 21, 2011 ACIP recommendations changed to (PREFERRED):
  - administerTdap during pregnancy, preferably during the third or late second trimester (after 20 weeks' gestation)
  - if not administered during pregnancy, Tdap should be administered immediately
- These were the recommendations made in 2010 by the California Department of Public Health

#### Benefits of Tdap Vaccine Administered During Pregnancy

- Pregnant women protected sooner from:
  - respiratory disease in late pregnancy
  - increased risk of preterm labor and birth
- Fetus protected by transplacental antibodies

- Neonate has passive immunity by birth:
  - protection during most vulnerable period of life
  - active immunity begins with DTaP series at 2, 4, 6, 15-18 months and 4-6 years of life

#### An Opportunity Presents Itself

• Many OB provider sites (OBs, FPs, CNMs, PAs) across Nevada agreed to offer no-cost H1N1 to pregnant women (2009-2010); "novice immunizers"

- 30 OB provider sites across Nevada agreed to offer no-cost influenza vaccine to pregnant women (2010-2011); "increasingly confident immunizers"
- 29 OB provider sites across Nevada agreed to offer no-cost influenza AND Tdap to pregnant women (2011-2012); "gutsy and maturing immunizers"

### Populations Served Through This Project

- Diverse populations across Nevada:
  - Urban, rural and frontier communities
  - Hispanic, white, African American and Asian pregnant women
  - Spectrum of economic backgrounds
  - Spectrum of educational backgrounds
  - Spectrum of OB provider sites

#### Project Description

- Enrollment in a project to offer no-cost influenza AND Tdap vaccines to pregnant women was offered to the 30 OB provider sites from the 2010-2011 influenza project by the Nevada State Immunization Program (NSIP)
- The updated ACIP recommendations were given to the OB provider sites by NSIP
- Encouragement to follow the science and ACIP recommendations was provided by NSIP
- Sites began ordering (317) vaccines from NSIP and administering influenza AND Tdap vaccine to pregnant women across Nevada

#### NSIP Expectations of This Project

- There would be hesitation on the part of OB providers and pregnant women about Tdap during pregnancy in the beginning; a learning curve for both groups
- Further education and encouragement would be needed to make progress in this new area of OB immunization history
- We would be pleased to see any progress with antepartum cocooning and wanted to know how many pregnant women and neonates we could protect from pertussis in the first year

#### Our Early Results

- Latest ACIP recommendation on Tdap in pregnancy was only published in MMWR on October 21, 2011:
  - Initial results only represent Tdap vaccine administered from October 2011-February 2012:
    - Influenza vaccine 1,397 doses given
    - Tdap vaccine 539 doses given
  - We need at least one full year of data collection to see how effective OB providers can be in antepartum cocooning with influenza AND Tdap

# Early Results of OB Provider as Immunizer Project

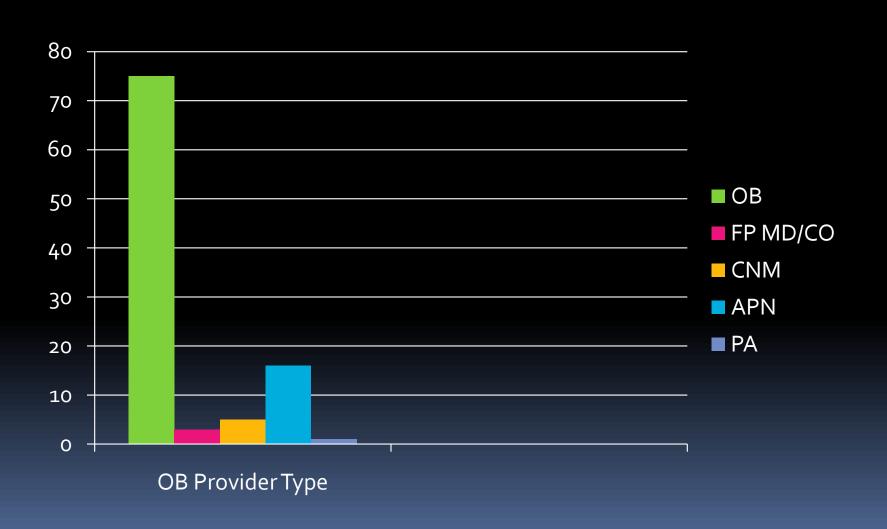
Doses of Influenza and Tdap Vaccines Given



#### Further Data We Want to Collect

- We need to collect demographic data on the pregnant women immunized
- We need to compare cases of infant pertussis in Nevada prior to and after antepartum Tdap immunization of pregnant women
- We need to compare types of providers of OB care as vaccine champions and immunizers

## Types of OB Providers in the Project



#### Conclusion

- After only 4 months of OB providers offering nocost influenza and Tdap vaccine to pregnant women, we see a gradual increase in doses of Tdap administered, but are only 1/3 through our first year of this project
- We have had a few more OB provider sites request involvement in this project and would like to increase this number and the number of pregnant women and neonates we can protect
- More complete information will be available in November 2012....

#### Contact and Special Thanks!

If you have questions about this presentation, please contact Kathie Lloyd MSN, CNM, CNS, Immunization Special Projects Manager:

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Thank you to the following:

Advisory Committee on Immunization Practices

Centers for Disease Control and Prevention

Nevada State Health Division

OB Providers Across Nevada