Diphtheria

- A toxin-mediated disease caused by *Corynebacterium diphtheriae*

- Usually produces exudate and membrane involving pharynx and tonsils

- Complications attributable to toxin – severity generally related to extent of local disease

- Most complications are myocarditis and neuritis

- Death in 5% to 10% of cases
Tonsillar diphtheria
Diphtheria - United States, 1980-2011
Tetanus

- A toxin-mediated disease caused by *Clostridium tetani*

- Infectious from environment, not contagious

- Most common form is generalized tetanus: descending symptoms of trismus (lockjaw), difficulty swallowing, muscle rigidity, spasms

- Complications caused by spasms, asphyxia, or nosocomial infection
Tetanus—United States, 1980-2012

Source: CDC. National Notifiable Disease Surveillance System
Tetanus 2001-2008

- 233 cases reported (29 cases per year)
- Case-fatality rate 13%
- Median age 49 years (range 5 to 94 years)
  - 49% were among persons 50 years of age or older
- Among the reported tetanus cases
  - 72% reported an acute wound (puncture or contaminated wound)
  - 13% reported a chronic wound (a diabetic ulcer or dental abscess)
Generalized tetanus
Pertussis

- Highly contagious respiratory infection caused by *Bordetella pertussis*
- Insidious onset, similar to minor upper respiratory infection with nonspecific cough
- Fever usually minimal throughout course
- Catarrhal stage 1-2 weeks
- Paroxysmal cough stage 1-6 weeks
- Convalescence weeks to months
Reported NNDSS pertussis cases: 1922-2014

Number of cases

Year


DTP

DTaP

Tdap

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service
Reported pertussis incidence by age group: 1990-2014

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System
### Pertussis Deaths in the United States, 2008-2014

<table>
<thead>
<tr>
<th>Age at onset</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>95 (81%)</td>
</tr>
<tr>
<td>3 months and older</td>
<td>23 (19%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>118</td>
</tr>
</tbody>
</table>

Why Adolescents and Adults Need Pertussis Vaccine

- > 32,000 pertussis cases reported in the U.S. in 2014*
  - >50% of cases in those 11 years and older

- Infection may be asymptomatic, or may present as classic pertussis

- Disease often milder than in infants and children
  - Persons with mild disease may transmit the infection

- Older persons and household contacts often source of infection for infants and children

* Provisional data www.cdc.gov/pertussis
Pertussis Complications Among Adolescents and Adults

- Difficulty sleeping
- Urinary incontinence
- Pneumonia
- Rib fracture

Plus:
- Medical costs
- Missed school and work
- Impact on public health system
Vaccinate Throughout a Lifetime!

DTaP  
Birth

Tdap

Td
DTaP-containing Vaccines

- **DTaP (pediatric)**
  - Approved for children 6 weeks through 6 years (to age 7 years)
  - Contains same amount of diphtheria and tetanus toxoid as pediatric DT

- **Multiple manufacturers and brands**
  - 2 DTaP only vaccine products
  - 3 combination products contain DTaP

- **Indications can vary by product**
DTaP–HepB–IPV (Pediariix)

- **Components:** DTaP, HepB, and IPV
- **Licensed for:**
  - Children 6 weeks through 6 years of age
  - Doses 1 through 3
- **Not approved for doses 4 or 5**
- **Can be given to infants who received a birth dose of hepatitis B vaccine**
  - Total of 4 doses of HepB vaccine
DTaP-IPV/Hib (Pentacel)

- Components: DTaP, IPV, and Hib
- Licensed for:
  - Children 6 weeks though 4 years of age
  - Doses 1 through 4
- Not approved for the 5th dose of DTaP series, or for children older than 5 years
DTaP-IPV/Hib (Pentacel)

- Must be reconstituted (mixed) prior to administration
- ONLY use the manufacturer-supplied vaccine diluent (DTaP-IPV)

Hib vaccine + DTaP-IPV diluent = Pentacel vaccine
DTaP-IPV (Kinrix and Quadracel)

- **Components:** DTaP and IPV
- **Licensed for:**
  - Children 4 through 6 years of age
  - Dose 5 only

*Do NOT use for doses 1 through 4 or for children younger than 4 years of age*
## Administer the Right Vaccine!

<table>
<thead>
<tr>
<th>Product (mfr)</th>
<th>Component(s)</th>
<th>Use for Ages</th>
<th>Use for DTaP doses</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daptacel (SP)</td>
<td>DTaP</td>
<td>6 wks thru 6 yrs</td>
<td>1 thru 5</td>
<td>IM</td>
</tr>
<tr>
<td>Infanrix (GSK)</td>
<td>DTaP</td>
<td>6 wks thru 6 yrs</td>
<td>1 thru 5</td>
<td>IM</td>
</tr>
<tr>
<td>Pediarix (GSK)</td>
<td>DTaP-HepB-IPV</td>
<td>6 wks thru 6 yrs</td>
<td>1 thru 3</td>
<td>IM</td>
</tr>
<tr>
<td>Pentacel (SP)</td>
<td>DTaP-IPV/Hib</td>
<td>6 wks thru 4 yrs</td>
<td>1 thru 4</td>
<td>IM</td>
</tr>
<tr>
<td>Kinrix (GSK), Quadracel (SP)</td>
<td>DTaP-IPV</td>
<td>4 thru 6 yrs</td>
<td>Dose 5</td>
<td>IM</td>
</tr>
</tbody>
</table>

Order, administer, and document the correct vaccine!
Interchangeability of Different Brands of DTaP Vaccine

- Whenever feasible, the same DTaP vaccine should be used for all doses of the series.

- Limited data suggest that “mix and match” DTaP schedules do not adversely affect safety and immunogenicity.

- If vaccine used for earlier doses is not known or not available, any brand may be used to complete the series.
<table>
<thead>
<tr>
<th>Dose</th>
<th>Routine Age</th>
<th>Minimum Interval to Next Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary 1</td>
<td>2 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Primary 2</td>
<td>4 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Primary 3</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>Primary 4</td>
<td>15-18 months</td>
<td></td>
</tr>
</tbody>
</table>
DTaP Fourth Dose

- Routinely recommended at 15 through 18 months
- May be given earlier if:
  - Child is at least 12 months of age and
  - At least 6 months since DTaP dose 3 and
  - Child is unlikely to return at 15 through 18 months of age
Administer a 5th dose of DTaP when the 4th dose was given before age 4 years.

All DTaP products are approved for use for the 5th dose except:
- Pediarix (DTaP-HepB-IPV)
- Pentacel (DTaP-IPV/Hib)
Diphtheria and Tetanus Toxoid DT Vaccine

- Given as a 3- or 4-dose series
- DT should only be used for children with a true contraindication to pertussis vaccine

Primary series doses

Use for children 6 weeks through 6 years of age
Pediatric DT Schedule

- First dose of DT at younger than one year of age
  - Total of 4 doses
- First dose of DT at one year of age or older
  - Total of 3 doses
- Fourth or fifth dose at school entry not needed if pertussis vaccine is not being administered
DTaP Contraindications

- Severe allergic reaction to vaccine component or following a prior dose
- Encephalopathy not due to another identifiable cause occurring within 7 days after vaccination
DTaP Precautions

- Moderate or severe acute illness
DTaP Precautions*
(Relevant to pertussis only)

- Temperature of 105° F (40.5° C) or higher within 48 hours with no other identifiable cause
- Collapse or shock-like state (hypotonic hyporesponsive episode) within 48 hours
- Persistent, inconsolable crying lasting 3 hours or more, occurring within 48 hours
- Convulsions with or without fever occurring within 3 days

*May consider use in outbreaks
DTaP Adverse Reactions

- Local reactions (pain, redness, swelling) 20%-40%
- Temperature of 101° or higher 3%-5%
- More severe adverse reactions Not common
Adverse Reactions Following the Fourth and Fifth DTaP Doses

- Local adverse reactions and fever increased
  - Reports of swelling of entire limb
    - Self-limited and resolves without sequelae

- Limb swelling after 4th dose NOT a contraindication to 5th dose
Tdap and Td Vaccines
Tdap Vaccines

- 2 products available licensed with different age indications
  - Less diphtheria toxoid and acellular pertussis antigen than DTaP
  - Lowercase letters = less antigen!

- Boostrix (GlaxoSmithKline)
  - FDA approved for persons 10 years of age and older

- Adacel (Sanofi Pasteur)
  - FDA approved for persons 10-64 years of age
Tdap Vaccination Recommendations

- Adolescents 11 through 18 years of age
- Adults 19 through 64 years of age
- Adults ≥65 years who have or anticipate having close contact with an infant <12 months of age
Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19–23 mos</th>
<th>23 yrs</th>
<th>4–6 yrs</th>
<th>7–10 yrs</th>
<th>11–12 yrs</th>
<th>13–15 yrs</th>
<th>16–18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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</tr>
<tr>
<td>Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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</tr>
<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP, 7-14 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td>4th</td>
<td></td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td></td>
<td>4th</td>
<td>5th</td>
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<tr>
<td>Inactivated poliovirus (IPV; &lt;18 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td></td>
<td>4th</td>
<td>5th</td>
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<tr>
<td>Influenza (IV, LAIV)</td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination (IV only)</td>
<td>1 or 2 doses</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination (LAIV or IV)</td>
<td>1 or 2 doses</td>
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<tr>
<td>Varicella (VAR)</td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination (LAIV)</td>
<td>1 dose only</td>
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<tr>
<td>Hepatitis A (HepA)</td>
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<td></td>
<td></td>
<td>1st</td>
<td>2nd</td>
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<tr>
<td>Meningococcal (MenC and MenACWY-D ≥ 6 weeks; MenACWY-D ≥ 28 mos; MenB-CRM64 ≥ 2 mos)</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap; ≥7 yrs)</td>
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<tr>
<td>Human papillomavirus (2, HPV; females only; 4/9, HPV; males and females)</td>
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<tr>
<td>Meningococcal B (MenB)</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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</tbody>
</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html). Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).
Use of Tdap Among Children 7 through 10 Years of Age*

- Persons 7 through 10 years of age who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap.

- No revaccination at age 11-12 years old for those who received Tdap at ages 7 through 10 years.

*Off-label recommendation. MMWR 2011; 60 (No. 1):13-5
“Not Fully Immunized”

- Children 7 through 10 years of age are not fully immunized against pertussis if they have received:
  - Fewer than 4 doses of DTaP OR
  - Four doses of DTaP and last dose before 4 years of age

*MMWR* 2011; 60 (No. 1):13-5
## Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose annually</td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)*</td>
<td>Substitute Tdap for Td once, then Td booster every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella*</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Zoster*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 or 2 doses depending on indication</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide (PPSV23)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 or 2 doses depending on indication</td>
<td>1 dose</td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>3 doses</td>
</tr>
<tr>
<td>Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 or more doses depending on indication</td>
<td></td>
</tr>
<tr>
<td>Meningococcal B (MenB)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b (Hib)**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 or 3 doses depending on indication</td>
<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

---

*Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster

*Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)

No recommendation

---

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the America College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM).
Use of Tdap Among Adults

- Administer Tdap vaccine to adults ≥19 years who have not received Tdap, or with unknown vaccination status

- When feasible, Boostrix should be used for adults ≥65 years
  - If Boostrix is not available, administer Adacel*
  - Either Tdap vaccine administered to persons ≥65 years provides protection

*Off-label recommendation: Adacel
Adults and Td Vaccine

- Routinely recommended every 10 years following Tdap vaccine
- Also approved for primary series doses
Tdap For Persons Without History of DTP or DTaP

- All adolescents and adults should have documentation of having received a series of DTaP, DTP, DT, or Td

- Persons without documentation should receive a series of 3 vaccinations

- One dose should be Tdap, preferably the first
Tdap For Persons Without History of DTP or DTaP

- Preferred schedule:
  - Dose 1  Tdap
  - Dose 2  Td at least 4 weeks after dose 1
  - Dose 3  Td at least 6 months after dose 2
  - Booster  Td every 10 years
Tdap AND PREGNANT WOMEN

You can start protecting your baby from whooping cough before birth

When you get the whooping cough vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get a whooping cough vaccine while I'm pregnant?

Getting the whooping cough vaccine during your pregnancy is important for you and your baby. If you get whooping cough while you're pregnant, you can pass it to your baby before you give birth. Your baby could get very sick, and may even die from whooping cough. At least half of the babies of women who get whooping cough during pregnancy will get whooping cough. Women who get whooping cough are 14 times more likely to die from it.

Whooping cough vaccines are safe during pregnancy. All pregnant women should get whooping cough vaccine while they are pregnant. It is safe for both you and your baby. The whooping cough vaccine you receive during pregnancy is a whole cell vaccine, which means that it contains a weakened version of the whooping cough bacteria. This vaccine is given as two shots given 4 to 8 weeks apart.

A single dose of whooping cough vaccine is not enough. You and your baby need protection before your baby is born. During the 3rd trimester of pregnancy, your baby needs protection the first 6 weeks of life, when she or he is most vulnerable to serious disease and complications. Talk to your doctor or midwife about the whooping cough vaccine.

The whooping cough vaccine I got during my 3rd trimester will help protect my baby starting at her first breath.

Whooping cough can make your baby very sick with coughing fits and gasping for air. I was never too old to get whooping cough, and neither was my baby. I got it from a young person at school. My baby would have died if she had whooping cough. I don't want my baby to get sick. I told my baby's pediatrician about the whooping cough vaccine.

Whooping cough has not been reported in the United States since the mid-1950s. That's because it is preventable with the whooping cough vaccine. However, whooping cough has returned to the United States. It is almost always preventable with the whooping cough vaccine. It is spread from person to person, so if everyone in your family get vaccinated, your baby will be protected.

Talk to your doctor or midwife about the whooping cough vaccine.

Got your whooping cough vaccine in your 3rd trimester...

Protecting your baby from the start.

Oral whooping cough is a common disease in the United States. This is because it's too early to get your baby the whooping cough vaccine. If your baby gets whooping cough, it can be very serious. Your baby could die from whooping cough. It is spread from person to person, so if everyone in your family get vaccinated, your baby will be protected.

Talk to your doctor or midwife about the whooping cough vaccine.

Mamá tú siempre protegerás a tu pequeño milagro

Empieza ahora con tu vacuna contra la tosferina.

La tosferina (whooping cough) puede ser fatales a los bebés y provocarles ataques de tos y dificultad para respirar. Solicite una prueba de la tosferina (diphteria) mensualmente para proteger a su bebé. Si encuentra signos de tosferina, llame a su médico y hable sobre la posibilidad de vacunación. La vacuna puede proteger a su bebé de forma segura.

Habla con tu médico sobre la vacuna contra la tosferina (también conocida como DPT o Tdap, en inglés).
Tdap Recommendations and Pregnant Women

- Providers of prenatal care should implement a Tdap vaccination program for pregnant women who previously have not received Tdap

- Administer Tdap in each pregnancy, preferably at 27 through 36 weeks gestation

- If not administered during pregnancy, Tdap should be administered immediately postpartum, for women not previously vaccinated with Tdap

*Off-label recommendation  MMWR 2013;62(No. 7):131-5
ACIP Conclusions
Safety of Tdap for Every Pregnancy

- Data reassuring on 2 doses of Tdap

- Data and experience with tetanus toxoid vaccine suggest no excess risk of adverse events
  - ~5% of women would receive 4 or more doses

- CDC provides ongoing monitoring to address concerns about the safety of Tdap given during subsequent pregnancies
Tdap AND HEALTHCARE PERSONNEL
Tdap and Healthcare Personnel (HCP)

- Previously unvaccinated HCP who have direct patient contact should receive a single dose of Tdap as soon as feasible, regardless of time since last Td dose

- Prioritize vaccination of HCP who have direct contact with infants ≤12 months of age

MMWR 2006;55(RR-17):1-37
Tdap Contraindications

- Severe allergic reaction to vaccine component or following a prior dose
- Encephalopathy not due to another identifiable cause within 7 days of administration of a pertussis-containing vaccine
Tdap Precautions

- History of Guillain-Barré syndrome within 6 weeks after a prior dose of tetanus toxoid-containing vaccine
- Progressive neurologic disorder until the condition has stabilized
- History of a severe local reaction (Arthus reaction) following a prior dose of a tetanus and/or diphtheria toxoid-containing vaccine
- Moderate or severe acute illness
Conditions NOT Precautions for Tdap

- Following a dose of DTaP/DTP:
  - Temperature 105°F (40.5°C) or higher
  - Collapse or shock-like state
  - Persistent crying lasting 3 hours or longer
  - Convulsions with or without fever
  - History of an extensive limb swelling reaction
Tdap/Td Adverse Reactions

- Local reactions (pain, redness, swelling)
  - 21%-66%
- Temp of 100.4°F or higher
  - 1.4%
- Adverse reactions occur at approximately the same rate as Td alone (without acellular pertussis vaccine)
Diphtheria, Tetanus, and Pertussis Resources

- ACIP’s DTaP/DT and Tdap/Td Recommendations web page
  www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html
  www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html

- CDC’s Diphtheria, Tetanus, and Pertussis Infection web pages
  www.cdc.gov/diphtheria/clinicians.html
  www.cdc.gov/tetaus/index.html
  www.cdc.gov/pertussis/

- CDC’s Pertussis and Pregnancy web page
  www.cdc.gov/pertussis/pregnant