

Diphtheria, Tetanus, and Pertussis DTaP/DT and Tdap/Td Vaccines

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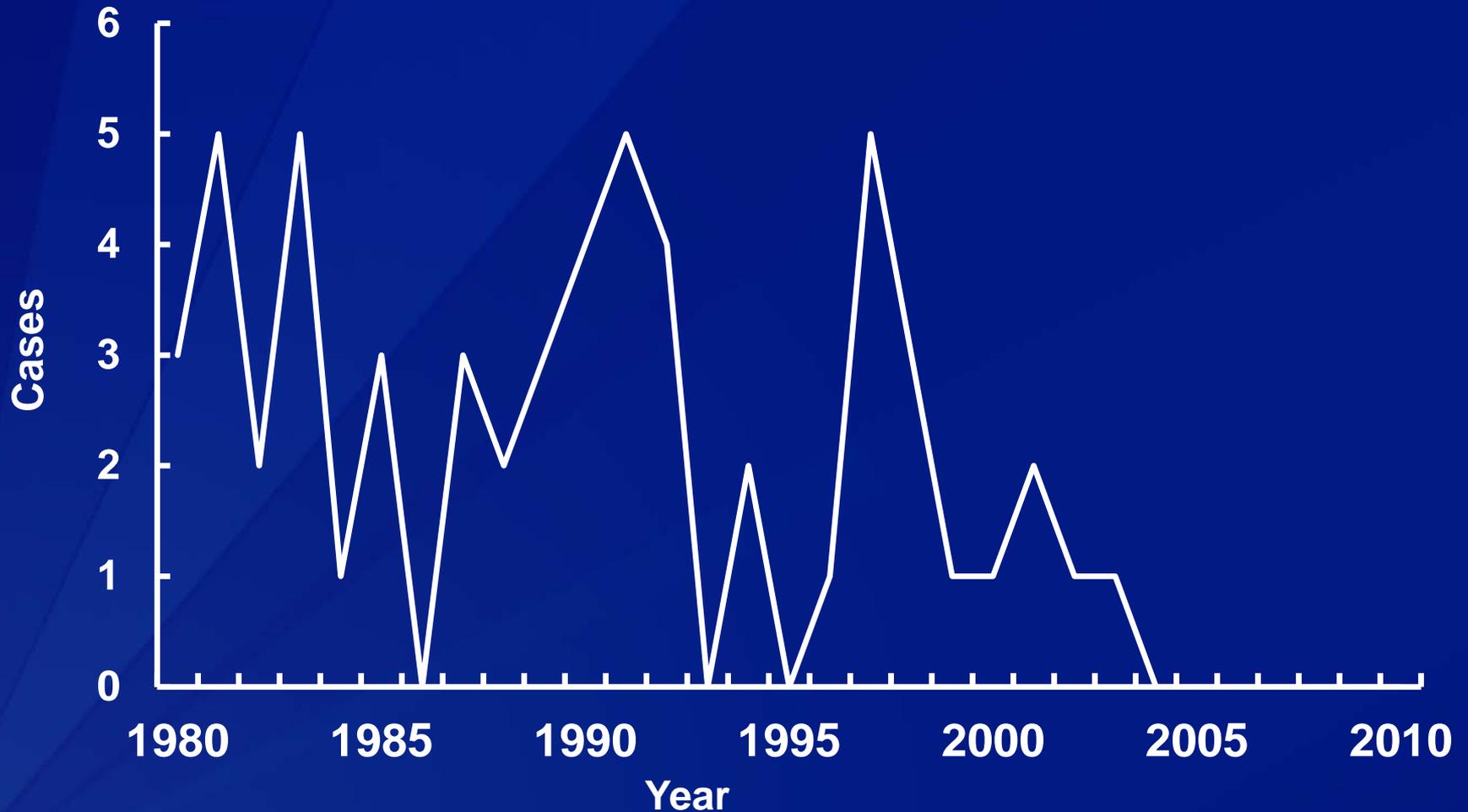
Diphtheria

- ❑ 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**

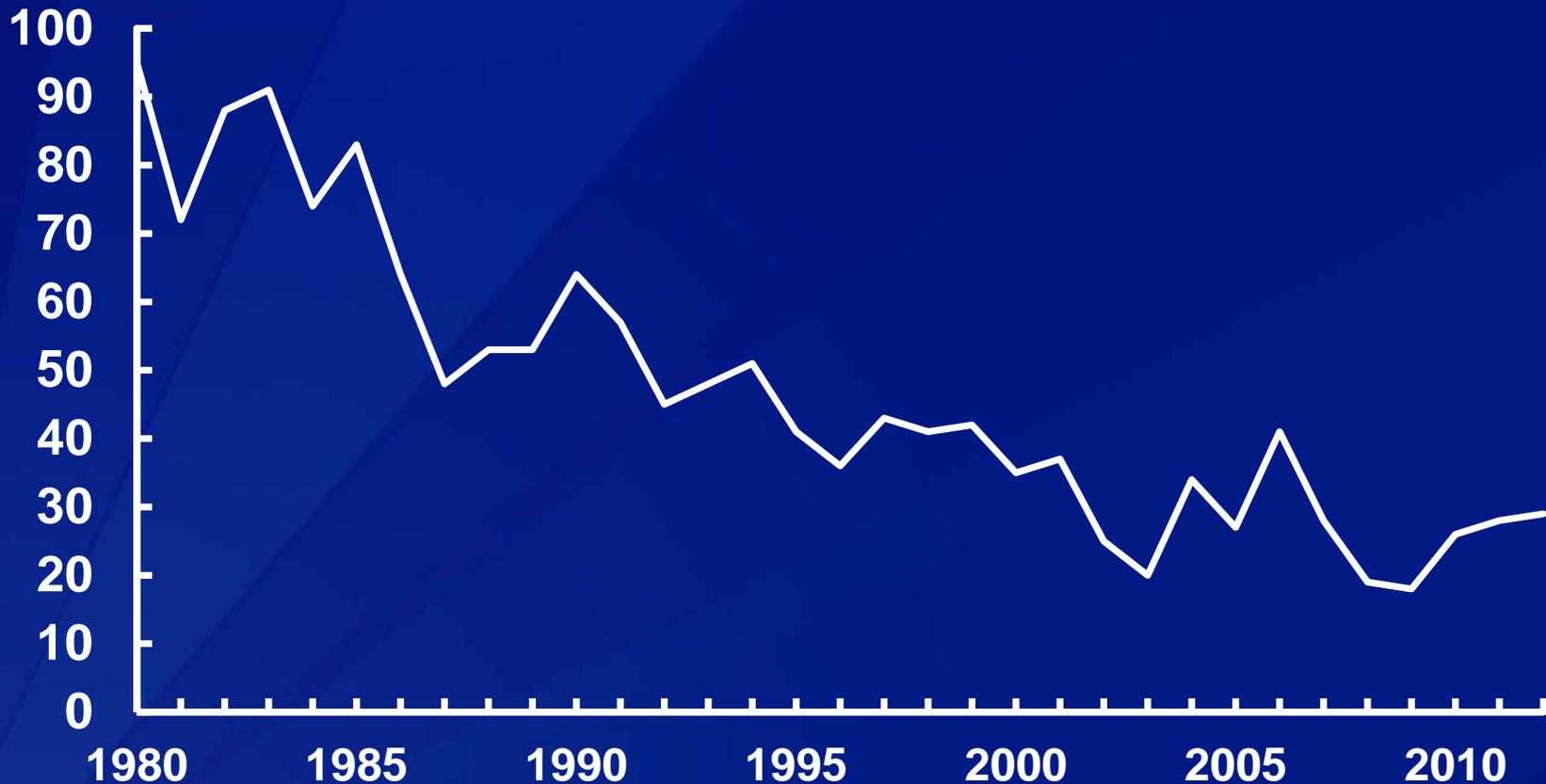
Diphtheria - United States, 1980-2011



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

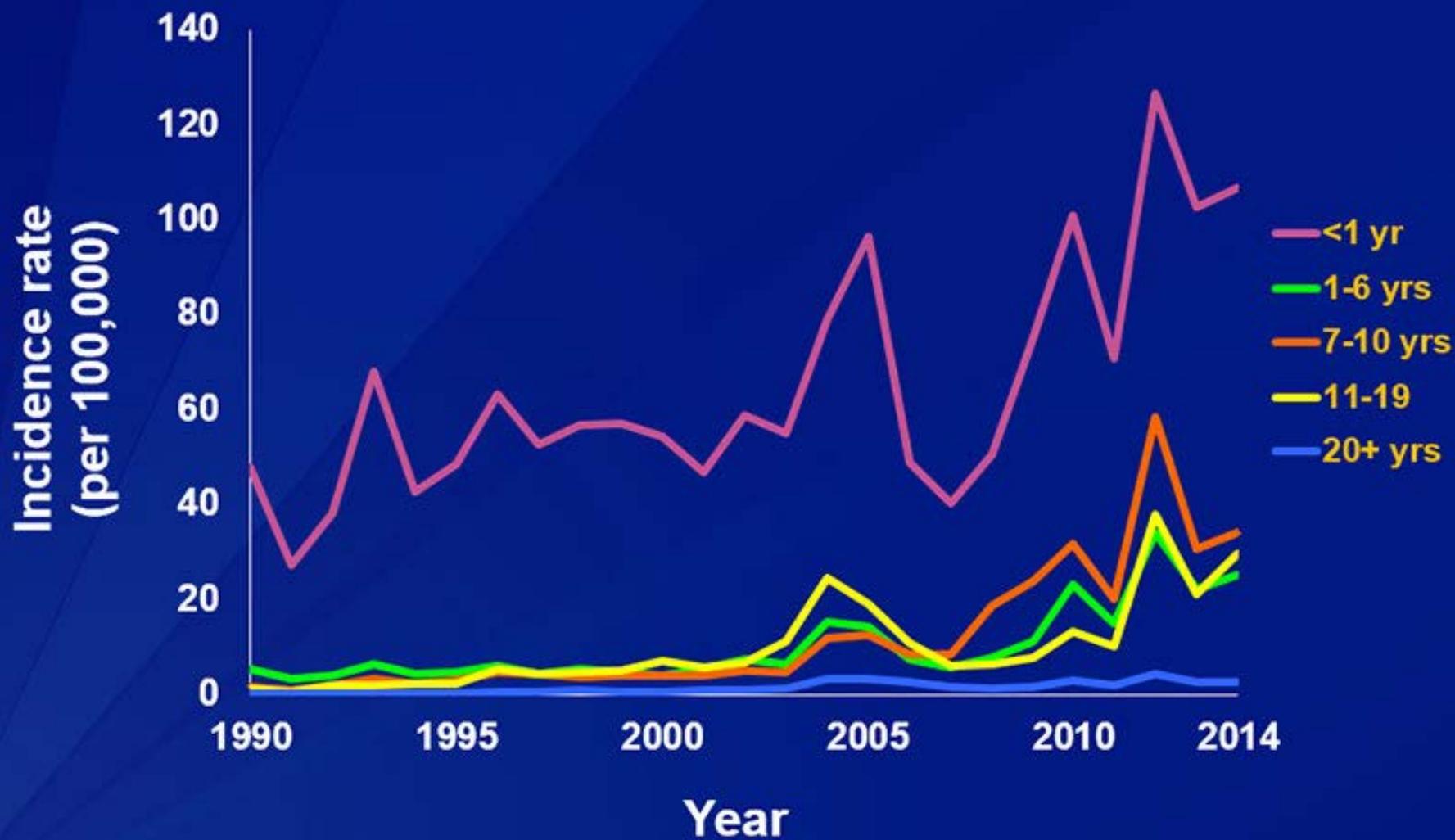
- ❑ **Highly contagious respiratory infection caused by *Bordetella pertussis***
- ❑ **Insidious onset, similar to minor upper respiratory infection with nonspecific cough**
- ❑ **Fever usually minimal throughout course**
- ❑ **Catarrhal stage 1-2 weeks**
- ❑ **Paroxysmal cough stage 1-6 weeks**
- ❑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

Reported NNDSS pertussis cases: 1922-2014



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



Pertussis Deaths in the United States, 2008-2014

Age at onset

**Less than
3 months**

**3 months
and older**

Total

**95
(81%)**

**23
(19%)**

118

Why Adolescents and Adults Need Pertussis Vaccine

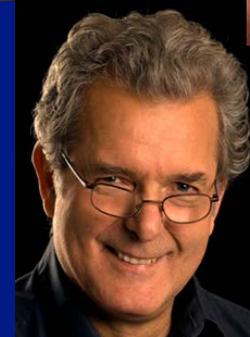
- ❑ **> 32,000 pertussis cases reported in the U.S. in 2014***
 - **>50% of cases in those 11 years and older**
- ❑ **Infection may be asymptomatic, or may present as classic pertussis**
- ❑ **Disease often milder than in infants and children**
 - **Persons with mild disease may transmit the infection**
- ❑ **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-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 (Pediarix)

- ❑ **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 through 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!

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

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

Primary DTaP Schedule

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose				

Dose	Routine Age	Minimum Interval to Next Dose
Primary 1	2 months	4 weeks
Primary 2	4 months	4 weeks
Primary 3	6 months	6 months
Primary 4	15-18 months	

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

Fifth DTaP Dose

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose				

- ❑ 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

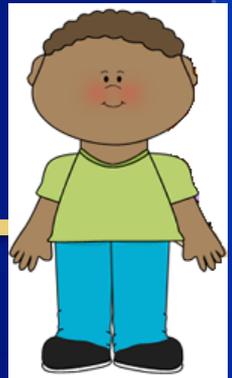
- ❑ Given as a 3- or 4-dose series
- ❑ DT should only be used for children with a true contraindication to pertussis vaccine



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.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →												
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose				
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4		← 3 rd or 4 th dose, See footnote 4 →									
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →								
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose				
Influenza ⁷ (IIV; LAIV)			Annual vaccination (IIV only) 1 or 2 doses					Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only						
Measles, mumps, rubella ⁸ (MMR)					See footnote 8		← 1 st dose →				2 nd dose					
Varicella ⁹ (VAR)							← 1 st dose →				2 nd dose					
Hepatitis A ¹⁰ (HepA)							← 2-dose series, See footnote 10 →									
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11									1 st dose			Booster	
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap: ≥7 yrs)														(Tdap)		
Human papillomavirus ¹³ (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B ¹¹													See footnote 11			
Pneumococcal polysaccharide ⁵ (PPSV23)													See footnote 5			

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
No recommendation

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>. 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>).

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

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

Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years	
Influenza ^{*2}		1 dose annually						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{*3}		Substitute Tdap for Td once, then Td booster every 10 yrs						
Varicella ^{*4}		2 doses						
Human papillomavirus (HPV) Female ^{*5}		3 doses						
Human papillomavirus (HPV) Male ^{*5}		3 doses						
Zoster ⁶						1 dose		
Measles, mumps, rubella (MMR) ^{*7}		1 or 2 doses depending on indication						
Pneumococcal 13-valent conjugate (PCV13) ^{*8}		1 dose						
Pneumococcal 23-valent polysaccharide (PPSV23) ⁸		1 or 2 doses depending on indication					1 dose	
Hepatitis A ^{*9}		2 or 3 doses depending on vaccine						
Hepatitis B ^{*10}		3 doses						
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{*11}		1 or more doses depending on indication						
Meningococcal B (MenB) ¹¹		2 or 3 doses depending on vaccine						
<i>Haemophilus influenzae</i> type b (Hib) ^{*12}		1 or 3 doses depending on indication						

*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 or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at 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 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 American 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

Information for pregnant women



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 am pregnant?

The whooping cough vaccine is recommended during your third trimester so that your body can make antibodies and pass them to your baby before birth. These antibodies will help protect your newborn child who is too young to get the own whooping cough vaccine and 2 months of age during the first few months of life, or a baby's first weeks to 2 months of life, or a baby's first weeks to 2 months of life.

Is this vaccine safe for me and my baby?

Yes. The whooping cough vaccine is very safe for you, and your baby. The most common side effects are mild. It is not worth avoiding or delaying the distribution in the area. This is about protecting your baby. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is very important to get during the third trimester of each pregnancy. Getting this vaccine during pregnancy is also a good idea if you are at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then slowly decreases over time. This is why the vaccine is recommended during every pregnancy, even if you have had it before. You'll get the greatest number of antibodies from you, and the best protection for your baby.

Are babies even getting whooping cough anymore in the United States?

Yes, in fact, babies are at greater risk for getting whooping cough. We need to do more to protect our babies from this disease. In 2010, we saw 13,000 and 20,000 cases of whooping cough in the United States, which means more than 100,000 babies are born every year.

Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unless, rarely, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting the whooping cough vaccine (also called Tdap) that protects against tetanus, diphtheria, and pertussis in your third trimester, preferably between your 27th and 36th weeks of pregnancy. By getting vaccinated, you will pass antibodies to your baby so the baby is born with protection against whooping cough.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/whoopingcough

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
The American College of Nurse-Midwives



“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. It can even be deadly, and there are outbreaks happening across the United States. When you get the whooping cough vaccine (also called Tdap) during the third trimester of your pregnancy, you'll pass antibodies to your baby that will help protect her from this disease from the time she's born. Those antibodies will last for the first few months of her life, when she is most vulnerable to serious disease and complications.

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

Born with protection against whooping cough.
www.cdc.gov/whoopingcough

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
The American College of Nurse-Midwives



Getting your whooping cough vaccine in your 3rd trimester... helps protect your baby from the start.

Outbreaks of whooping cough are happening across the United States. This disease can cause your baby to have coughing fits, gasp for air, and turn blue from lack of oxygen. It can even be deadly. When you get the whooping cough vaccine (also called Tdap) during your third trimester, you'll pass antibodies to your baby. This will help keep her protected during his first few months of life, when he is most vulnerable to serious disease and complications.

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

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www.cdc.gov/whoopingcough

U.S. Department of Health and Human Services
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Mamá tú siempre protegerás a tu pequeño milagro. Empieza ahora con tu vacuna contra la tosferina.

La tosferina (whooping cough) puede enfermar a los bebés y provocarles ataques de tos y dificultad para respirar. Cuando le vacunas contra la tosferina durante el tercer trimestre de embarazo, le transmitirás a tu bebé los anticuerpos que lo protegerán de esta enfermedad desde su nacimiento. Estos anticuerpos durarán hasta que reciba su propia vacuna contra la tosferina, la cual solo se le puede aplicar cuando cumple 2 meses de edad.

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

Haz que tu bebé nazca protegido contra la tosferina.
www.cdc.gov/espanol/tosferina

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
The American College of Nurse-Midwives

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**

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