

## Change to Central Zone Pertussis Immunization Recommendations for Pregnant Women

**Date:** Monday, October 31, 2016

**To:** Emergency, Family, Obstetrics and Pediatric Physicians; Emergency Department Staff; Public Health Nursing; WHS/OHS; IPC; Women's and Children's Health; NICU; Midwives; Prenatal Instructors, Nurse Practitioners

**From:** Dr. Digby Horne, Medical Officer of Health – Central Zone

---

An increase in pertussis cases in Central Zone has prompted a change in recommendations for the immunization of pregnant women.

***Beginning Nov. 1, 2016, pregnant women in Central Zone are recommended to receive a dose of dTap (diphtheria, Tetanus, acellular pertussis) vaccine during each pregnancy at 26 weeks or greater,\* regardless of number and timing of doses of pertussis-containing vaccines received prior to the current pregnancy.***

- infants have the highest rate of complications from pertussis
- maternal transplacental IgG antibodies begin to be transferred at 30 weeks
- a minimum of 2 weeks following immunization are required for maternal antibodies to reach their maximum level. Antibodies decline after 1 mo. and substantially so by 1 yr.
- infant immunization does not provide maximum protection until 3 doses have been received (age 6 mo.)
- transplacental antibodies may provide 90% protection until infants develop immunity following immunization
- the optimal time for immunization is 27-36 weeks, but 26 to prior-to-delivery is acceptable
- no safety concerns have been identified for mother or infant

Immunizations can be provided at physician offices, hospitals, and Workplace Health and Safety/Occupational Health and Safety clinics meeting specific requirements.<sup>†</sup> Health Centres in First Nations communities may also be providing vaccine. Alternately, patients may be referred to their local AHS Community Health Centre to make an appointment for immunization by Public Health.

Factors likely contributing to the increased number of cases include lack of immunization (40% of cases), incomplete immunization (30% of cases), and waning immunity over time.

Previous recommendations for Pertussis immunization in other groups remain unaltered:

- routine childhood immunization schedule: 2,4,6,18 mo.; 4-6yrs; and 14-15 yrs.
- adults: a single dose of dTap any time after turning 18 years, regardless of previous immunization history. Priority groups include Health Care workers and those in frequent contact with infants, such as parents, grandparents and Child Care workers.

Additional information about the dTap vaccine for providers and recipients is available at [www.ahs.ca/info/Page10802.aspx](http://www.ahs.ca/info/Page10802.aspx) (see tabs *Biologic Product* and *Immunization Program Resources (Vaccine Information Sheet)*, respectively). Further information about the rationale and safety of immunization during pregnancy is available at [www.cdc.gov/pertussis/pregnant/hcp/index.html](http://www.cdc.gov/pertussis/pregnant/hcp/index.html).

Development of posters and pamphlets for pregnant women are underway. Immunization questions can be directed to Central Zone Communicable Disease Control (CDC) ph: 403-356-6420.

---

Thank you for your attention and assistance in promoting pertussis immunization for pregnant women.

\*Administration at other times than 26 weeks or greater:

- a) if immunization with tetanus vaccine is required for wound management prior to 26 weeks, dTap should be given and does not need to be repeated during the pregnancy
- b) if not administered during pregnancy, it should only be provided postpartum to women who have not received a dose of dTap since turning 18 years old.

†Specific requirements for immunizers:

- a) consultation with the patient and Net Care immunization records to ensure immunization during the current pregnancy has not already occurred.
- b) compliance with the AHS Vaccine Storage and Handling Standard found in the Immunization Program Standards Manual: [www.ahs.ca/10802.asp](http://www.ahs.ca/10802.asp).
- c) use of the on-line Alberta Vaccine Inventory (AVI) system for vaccine ordering. For further information, please contact Wendy Malo at 403-356-6409.
- d) submission of immunization records to your local Vaccine Depot Monitor (Public Health) on a monthly basis (minimum), using forms supplied with vaccines. Please complete the Reason Code selecting *pregnant*.
- e) provision of a hard-copy immunization record to the patient; the top portion of the AHS *Care After Immunization – Adolescent/Adult* form can be used (see the tab *Immunization Resources* of the Immunization Program Standards Manual: [www.ahs.ca/10802.asp](http://www.ahs.ca/10802.asp).)
- f) reporting of Adverse Reactions: [www.health.alberta.ca/professionals/immunization-policy.html](http://www.health.alberta.ca/professionals/immunization-policy.html).