

## ***Tetanus, Diphtheria, and Pertussis (Tdap) during Pregnancy***

MARK LEDUC, DO

Over the past 25 years there has been a continuing increase in pertussis disease in the United States. Beginning in 2006, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommended an approach to combat neonatal pertussis infection (1). Most of the morbidity and mortality is attributable to pertussis infection occurring in infants less than or equal to 3 months of age (2).

The CDC recommendations have been modified several times since the initial recommendation in 2006. The current recommendations as published by the ACIP in February 2013 are as follows:

Health care personnel administer a dose of Tdap during each pregnancy, irrespective of the patient's prior history of receiving Tdap (3). To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, optimal timing for Tdap administration is between 27 weeks and 36 weeks of gestation, although Tdap may be given at any time during pregnancy (3). If Tdap was not administered during pregnancy, it should be administered immediately postpartum to the mother to reduce the risk of transmission to the newborn (3). Other family members and planned direct caregivers also should receive a Tdap at least 2 weeks before planned infant contact (4). A pregnant woman should not be re-vaccinated later in the same pregnancy if she already received the vaccine in the first or second trimester (3). If a Td booster vaccination is indicated in a pregnant woman for acute wound management, health care providers should administer Tdap irrespective of gestational age (3).

### **Codes:**

		Vaccine Administration	
Vaccine CPT	Typical Diagnosis Code	Patient is 0-18 Years <u>AND</u> Qualified HCP Counseling Occurs	Patient is 19+ Years Regardless of Qualified Counseling, or Patient of Any Age Without Qualified Counseling
90715	Z23	90460 - 1 Unit <b>AND</b> 90461 – 2 Units	90471 - 1 Unit <b>OR</b> 90472 - 1 Unit

**Resources:**

1. Centers for Disease Control and Prevention Vaccines and Immunizations Information Page, at <http://www.cdc.gov/vaccines>
2. American College of Obstetricians and Gynecologists immunization web site, at <http://www.immunizationforwomen.org>
3. Advisory Committee for Immunization Practices Recommendations, at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

**References:**

1. Practice/Update-on-Immunization-and-Pregnancy-Tetanus-Diphtheria-and-Pertussis-Vaccination <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric->
2. Van Rie A, Wendelboe AM, Englund JA. Role of maternal pertussis antibodies in infants. *Pediatr Infect Dis J* 2005;24: S62-5. [PubMed]
3. Centers for Disease Control and Prevention (CDC). Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women—Advisory Committee on Immunization Practices (ACIP), 2012. *MMWR Morb Mortal Wkly Rep* 2013; 62:131-5. [PubMed] [Full Text]
4. Murphy TV, Slade BA, Broder KR, Kretsinger K, Tiwari T, Joyce PM, et al. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: recommendations of the Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention (CDC) [published erratum appears in *MMWR Morb Mortal Wkly Rep* 2008;57:723]. *MMWR Recomm Rep* 2008;57(RR-4):1-51. [PubMed] [Full Text]