

Protect Moms-to-Be and their Babies with Tdap and Flu Vaccines During Pregnancy: Data, Tips, and Tools to Help Improve Vaccination Rates

NILE Webinar

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Presentation Objectives

- **Identify flu and Tdap vaccine recommendations for pregnant women, including vaccine options, timing, and benefits of vaccination**
- **Understand the barriers and facilitators to vaccinating pregnant women against pertussis and the flu**
- **Identify and utilize resources to educate healthcare professionals and pregnant women about the importance of Tdap and flu vaccine during pregnancy and address common vaccination barriers in pregnant women**

Challenges and Solutions to Improving Tdap Vaccination of Pregnant Women: A New Campaign to Promote Tdap Vaccine during Pregnancy

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Presentation Objectives

- ❑ Discuss findings and guiding principles from formative research with pregnant women and obstetrician-gynecologists (ob-gyns)**
- ❑ Discuss campaign materials for pregnant women and healthcare professionals**
- ❑ Discuss ways to disseminate these materials and messages**

BACKGROUND

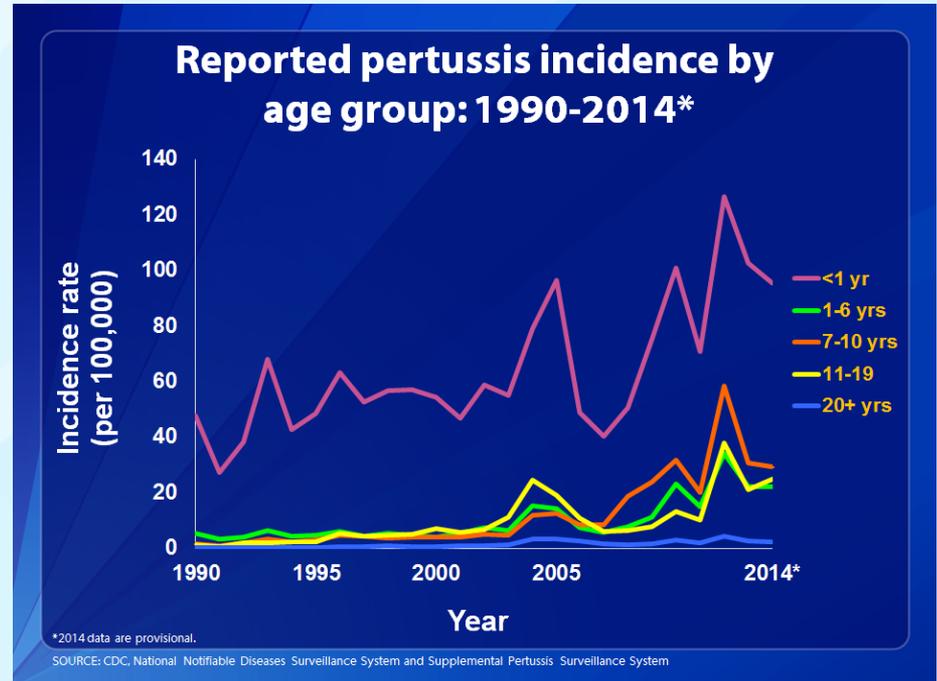
Pertussis (Whooping Cough) and Infants

- ❑ **Pertussis is a contagious respiratory disease characterized by a severe cough that can last for weeks or months**
- ❑ **Young infants are at greatest risk for getting pertussis and suffering from life-threatening complications**
- ❑ **DTaP vaccine is recommended at 2, 4, 6, 15-18 months, and 4-6 years to prevent pertussis and reduce the severity of symptoms**



Pertussis Trends

- ❑ **Despite high DTaP coverage, more than 28,000 U.S. cases reported in 2014,* including 7 deaths among infants less than 3 mo old**
 - **Multiple factors are contributing to the pertussis resurgence**
- ❑ **Current efforts focused on**
 - protecting infants by vaccinating pregnant women; and
 - routine childhood and adolescent pertussis vaccine recommendations



*2014 data are provisional and subject to change.

Source: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System

Tdap Vaccine During Pregnancy

- ❑ In 2012, Tdap administration was recommended during pregnancy to help protect babies until they start the DTaP series**
 - Ideal administration between 27 and 36 weeks gestation for best maternal antibody response and transfer of immunity to baby**
 - Recommended during each pregnancy regardless of Tdap vaccination history or pregnancy spacing**
- ❑ Uptake of Tdap during pregnancy, while increasing since the 2012 recommendation, is still low**

FORMATIVE RESEARCH

Formative Research With Pregnant Women

- ❑ **Survey of pregnant women**
 - **Online survey of U.S. women 18–45 years of age**
 - **487 respondents were eligible and completed the survey**
 - **Data were collected in June/July of 2014**
- ❑ **Focus groups with pregnant women**
 - **28 focus groups of pregnant women**
 - **High pertussis incidence (San Diego) and low pertussis incidence (Atlanta) locations**
 - **Segmented by parity and language (English and Spanish)**
 - **Mix of trimester, race/ethnicity, and socioeconomic background**
 - **Conducted in two rounds (June and September/October 2014)**

Guiding Principles for Pregnant Women

- ❑ Levels of awareness of pertussis and perceived susceptibility to the disease are low among pregnant women.**
- ❑ Pregnant women are primarily concerned with the health and safety of their baby when making decisions about vaccines during pregnancy.**
- ❑ Pregnant women view their ob-gyn or midwife as the ultimate authority on pregnancy-related topics.**

Health and Safety of Baby

- ❑ Concern over the baby's safety (50%) was the most common reason survey respondents were unsure if they would get Tdap during their current pregnancy
- ❑ Protecting the baby was the strongest motivator for vaccination among focus group participants

*“The most valuable thing is that not only will you be immunized but your baby will be **born already immunized** too, until he receives his own vaccine.”*

Health and Safety of Baby

- ❑ Messages that mentioned disease risk for baby were generally more likely to encourage undecided survey participants to accept Tdap vaccination

“Whooping cough is a serious disease that can cause babies to stop breathing.”

“Most whooping cough deaths are among babies younger than 3 months of age.”

“People can spread whooping cough to babies without even knowing they are sick because the illness can be mild for adults.”

Healthcare Professional's Influence

- ❑ **Survey respondents most often reported seeking Tdap information online (75%), from a healthcare professional (64%), or from friends (45%)**
- ❑ **A healthcare professional's recommendation was the most common reason for accepting Tdap (69%) among survey participants**
- ❑ **Focus groups preferred "Talk to your doctor about the whooping cough vaccine" over "get the vaccine" as a call to action for Tdap vaccination**

Formative Research with Ob-Gyns

❑ Survey of ob-gyns

- Online survey of 32,056 members of the American College of Obstetricians and Gynecologists (ACOG)
- Respondents all offer prenatal care
- Data were collected in February and March of 2014
- 2,365 respondents completed the survey

❑ In-depth interviews with ob-gyns

- 60-minute telephone interviews with ob-gyns nationally
- Respondents all offer prenatal care
- Interviews were conducted in May and June of 2014
 - 24 interviews in May
 - 16 interviews in June

Guiding Principles for Ob-Gyns

- ❑ Knowledge of the Tdap recommendation during pregnancy is high, but perception of individual risk for their patients (and their babies) is often low.**
- ❑ Stocking Tdap is a barrier for some ob-gyns , often due to issues with reimbursement.**
- ❑ The most common channels for sharing vaccine information with patients are face-to-face during the office visit and in handouts at the first prenatal appointment.**

Knowledge and Awareness

- **Nearly all survey respondents reported recommending Tdap to pregnant patients, with 77% administering the vaccine in their office**

Approach	Frequency (n)	%
I recommend Tdap vaccine to my pregnant patients and vaccinate them in my office.	1,807	77.1%
I recommend Tdap vaccine to my pregnant patients but refer them elsewhere to receive the vaccine.	486	20.7%
I do not routinely discuss Tdap vaccine with my pregnant patients.	35	1.5%
I discuss Tdap vaccine with my pregnant patients but do not offer a recommendation for or against vaccination.	13	0.6%
I recommend against Tdap vaccine for my pregnant patients.	2	0.1%

Barriers to Stocking Tdap

- ❑ Concerns over reimbursement were a barrier to stocking vaccine for some interviewees
- ❑ Most physicians interviewed who recommended but didn't stock Tdap did not follow-up with patients later
- ❑ Despite barriers, most interviewees felt that the obstetric provider was responsible for vaccinating pregnant women

*"I've got those patients, you know, on a regular basis. They're coming back every month, every couple of weeks whenever it is...so, I think since the obstetrician has certainly **more opportunity and access to the patient** --that's probably the best place to do it."*

Information Channels

- ❑ **Most respondents (88%) use brochures or handouts to communicate with pregnant patients**
- ❑ **Posters, patient websites, and training materials for staff were also listed as useful tools**
- ❑ **Respondents turned to ACOG and CDC most often for vaccine information for themselves and their patients**

RESEARCH TO PRACTICE

Born with Protection Against Whooping Cough

A New Maternal Tdap Campaign

- ❑ **Developed in collaboration with co-branding partners:**
 - **American Academy of Family Physicians**
 - **American Academy of Pediatrics**
 - **American College of Nurse-Midwives**
 - **American College of Obstetricians and Gynecologists**
- ❑ **Targets pregnant women and prenatal healthcare professionals**
- ❑ **English and Spanish language materials for women**
- ❑ **Based on mixed method formative research and input from subject matter experts and partners**

Campaign Objectives

❑ Pregnant women

- Increase awareness of the maternal Tdap recommendation
- Encourage women to speak with their prenatal healthcare professional about Tdap vaccination

❑ Ob-gyns and other prenatal healthcare professionals

- Strengthen recommendations for Tdap during pregnancy among pregnant women
- Strengthen referrals for Tdap among pregnant women

For Pregnant Women

English Language Campaign



“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. These 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.



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Born with protection against whooping cough.

www.cdc.gov/whoopingcough



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The American College of Obstetricians and Gynecologists
RECOMMENDING TO THE MAXIMUM BY ALL CHILDREN



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 him 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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The American College of Obstetricians and Gynecologists
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For Pregnant Women

Spanish Language Campaign



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 te 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 cumpla 2 meses de edad.

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



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Haz que tu bebé nazca protegido contra la tosferina.

www.cdc.gov/espanol/tosferina



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ASSOCIATION OF THE AMERICAN PEDIATRIC SOCIETY



Vacúnate contra
la tosferina en el
tercer trimestre
de embarazo...

para ayudar a
proteger a tu
bebé desde el
inicio.

La tosferina (*whooping cough*) puede ser mortal para tu bebé. Se propaga cuando una persona que tiene tosferina (tú, tus familiares o amigos) visite a tu bebé y tose, estornude o pase mucho tiempo cerca de tu bebé. Esta persona puede no saber que tiene tosferina. Vacúnate contra la tosferina durante el tercer trimestre de embarazo para ayudar a tu bebé a mantenerse protegido contra la tosferina cuando es más vulnerable a las complicaciones graves de la enfermedad.

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



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Haz que tu bebé nazca protegido contra la tosferina.

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Factsheets for Healthcare Professionals (1)

Provide the best prenatal care **to prevent pertussis**

Strategies for healthcare professionals



Pertussis is on the rise and outbreaks are happening across the United States. In recent years, up to 1,450 infants have been hospitalized and about 10 to 20 have died each year in the United States due to pertussis. Most of these deaths are among infants who are too young to be protected by the childhood pertussis vaccine series that starts when infants are 2 months old.

These first few months of life are when infants are at greatest risk of contracting pertussis and having severe, potentially life-threatening complications from the infection. To help protect babies during this time when they are most vulnerable, women should get the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy. A strong recommendation from you may ultimately be what most influences whether or not your patients' newborns are protected against pertussis.

Strongly recommend Tdap to your patients during the 3rd trimester of each pregnancy.

5 Facts about Tdap and Pregnancy

1. Tdap during pregnancy provides the best protection for mother and infant.

- Recommend and administer or refer your patients to receive Tdap during every pregnancy.
- Optimal timing is between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.
- Fewer babies will be hospitalized for and die from pertussis when Tdap is given during pregnancy rather than during the postpartum period.

2. Postpartum Tdap administration is NOT optimal.

- Postpartum Tdap administration does not provide immunity to the infant, who is most vulnerable to the disease's serious complications.
- Infants remain at risk of contracting pertussis from others, including siblings, grandparents, and other caregivers.
- It takes about 2 weeks after Tdap receipt for the mother to have protection against pertussis, which means the mother is still at risk for catching and spreading the disease to her newborn during this time.

3. Cocooning alone may not be effective and is hard to implement.

- The term "cocooning" means vaccinating anyone who comes in close contact with an infant.
- It is difficult and can be costly to make sure that everyone who is around an infant is vaccinated.

4. Tdap should NOT be offered as part of routine preconception care.

- Protection from pertussis vaccines does not last as long as vaccine experts would like, so Tdap is recommended during pregnancy in order to provide optimal protection to the infant.
- If Tdap is administered at a preconception visit, it should be administered again during pregnancy between 27 and 36 weeks gestation.

5. Tdap can be safely administered earlier in pregnancy if needed.

- Pregnant women should receive Tdap anytime during pregnancy if it is indicated for wound care or during a community pertussis outbreak.
- If Tdap is administered earlier in pregnancy, it should not be repeated between 27 and 36 weeks gestation; only one dose is recommended during each pregnancy.

Resources about Tdap and Pregnancy for Healthcare Professionals

Get Reimbursed for Tdap Vaccination

Coding and billing are known barriers to administering vaccines during pregnancy. Correct coding enables an office to report these activities to third-party payers and receive appropriate reimbursement for these services.

- ACOG's Tdap Toolkit provides coding and billing information for Tdap: www.acog.org/TdapToolkit

Get Vaccine Referral Tips

Not all clinicians are able to stock and administer Tdap or influenza vaccines in their office.



- Making a Strong Vaccine Referral to Pregnant Women fact sheet offers tips to increase patient follow through for referrals: www.cdc.gov/pertussis/pregnant/hcp

Read the Current Recommendations

Advisory Committee on Immunization Practices: www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm
 American College of Obstetricians and Gynecologists: www.acog.org/TdapCommitteeOpinion

American College of Nurse-Midwives: <http://www.midwife.org/Immunization-in-Pregnancy-and-Postpartum>

Stay up to date on the studies that support the safe and effective use of the Tdap vaccine in pregnant women at www.cdc.gov/pertussis/pregnant/research.html

Get Free Materials for Your Patients

The following resources help explain the importance of and health benefits behind the Tdap recommendation. They are free to download and ready for color or black and white printing and reproduction. English and Spanish language versions are available.

Posters/Print Ads



English

Spanish

Q&A Fact Sheet



You can start protecting your baby from whooping cough before birth

Informational Article for Patient Newsletters and Websites



Record High Cases of Whooping Cough: Vaccinate to Protect



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The American College of Obstetricians and Gynecologists
NIGHT & DAY CARE

www.cdc.gov/whoopingcough

Factsheets for Healthcare Professionals (2)

Making a strong vaccine referral to pregnant women



Strategies for healthcare professionals



Stocking and administering vaccines in your office may not be feasible for all prenatal healthcare professionals, often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended influenza (flu) and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines even if you are unable to administer them in your office. The strategies outlined are based on research with healthcare professionals and pregnant women. The goal is to strengthen vaccine referrals to increase the likelihood of patient follow through.

Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at: <http://vaccine.healthmap.org>.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, is less important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Vaccines Routinely Recommended for Pregnant Women

It is safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transplacentally transferred to her unborn baby. Third trimester administration optimizes neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

Timing the Referral

Vaccines recommended for pregnant women should be discussed with patients early in pregnancy, with the formal referral made during the recommended timeframe for administration.

- **Flu vaccine:** Your referral should be made as early as possible once pregnancy is confirmed. Pregnant women can be vaccinated during any trimester, keeping in mind that flu vaccine is typically available August to May, covering the duration of flu season.
- **Tdap vaccine:** Your recommendation and referral should be made as close to 27 weeks as possible so there is ample time during the recommendation window (between 27 and 36 weeks) to follow up and re-emphasize the importance of getting the Tdap vaccine, if the patient has not received it yet.

You may find linking the timing of the Tdap referral with another third trimester practice beneficial. Many clinicians have been successful pairing their Tdap referral with the glucose test conducted at 28 weeks.

Follow-Up after Referral

After every referral, you should follow-up with each patient during subsequent appointments to ensure the patient received the vaccine(s). It may be helpful to include a reminder in your electronic medical records (EMR).

As part of the follow-up, document vaccine receipt in each patient's medical record. If your patient did not follow through with the referral, repeat the recommendation and referral and try to identify and address any questions or concerns that she may have encountered. Your commitment to making a strong referral and following up with patients is vital to increasing vaccination rates among pregnant women and protecting them and their babies from serious diseases.

Vaccines for Pregnant Women Resources

There are several resources available to help you make an effective recommendation and referral. All are free to download and ready for color or black and white printing and reproduction.

For Your Patients

CDC Website on Pregnancy and Whooping Cough
www.cdc.gov/pertussis/pregnant

CDC Website on Pregnancy and Flu
www.cdc.gov/flu/protect/vaccine/pregnant.htm

Vaccine Information Statement on Tdap
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Vaccine Information Statement on Flu
www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html

For You and Your Staff

CDC Website on Pregnancy and Whooping Cough: Information on the Tdap recommendation for pregnant women and tips on providing the best prenatal care to prevent pertussis.
www.cdc.gov/pertussis/pregnant/HCP

ACOG Tdap Toolkit: Information and resources about Tdap vaccination, including frequently asked questions for patients and a physician script.
www.acog.org/TdapToolkit

ACOG Flu Vaccine Materials: Information and resources about flu vaccination, including frequently asked questions for patients and a physician script.
www.immunizationforwomen.org/immunization_facts/seasonal_influenza

ACOG Immunization Coding for Obstetrician-Gynecologists 2013: A guide on reimbursement and coding for vaccinations.
www.acog.org/-/media/Department_Publications/immunizationCoding.pdf

AAFP's Immunization Page: Information on vaccine schedules.
www.aafp.org/patient-care/immunizations/schedules.html

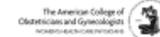


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Puedes empezar a proteger a tu bebé de la tosferina desde antes del nacimiento

Información para las mujeres embarazadas



Quando tú te vacunas contra la tosferina durante tu tercer trimestre, tu bebé nacerá protegido contra esta enfermedad.

¿Por qué tengo que vacunarme contra la tosferina durante mi embarazo?

Se te recomienda vacunarte contra la tosferina durante

La tosferina (también conocida como pertussis o whooping cough) es una enfermedad grave que puede ocasionar que los bebés dejen de respirar. Desafortunadamente, los bebés deben haber cumplido 2 meses de edad antes de poder ser vacunados contra la tosferina. Las buenas noticias son que puedes evitar este período de desprotección de tu bebé al vacunarte contra la tosferina en tu tercer trimestre, preferiblemente entre las 27 y 36 semanas de embarazo. A la vacuna se la conoce como la Tdap ya que protege contra el tétanos, la difteria y la tosferina. Al recibir la vacuna, le transmitirás los anticuerpos o defensas a tu bebé, de manera que el bebé nacerá protegido contra la tosferina.



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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 create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

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, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. 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 safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you 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 starts to decrease over time. That is why the vaccine is recommended during every pregnancy – so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

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

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's making a comeback. Recently, we saw the most cases we had seen in 60 years. Since 2010, we see between 10,000 and 50,000 cases of whooping cough each year in the United States. Cases, which include people of all ages, are reported in every state.



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Fact Sheet for Pregnant Women

- ❑ Focus on benefit to baby
- ❑ Safety (top concern) is addressed early
- ❑ Information to raise awareness that whooping cough is a concern today
- ❑ Cobranding

Fact Sheet for Pregnant Women (2)

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with vaccinated people against whooping cough is called "cocooning." However, cocooning might not be enough to protect your baby from whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure **everyone** who is around your baby gets their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

- ❑ Call-out box on cocooning
- ❑ True story (Spanish-language only)
- ❑ Links for more information
- ❑ Call to action

La historia real de tosferina de una familia

La hija de Katie y Craig, Callie, cuando tenía solo un poco más de un mes de edad contrajo una tos suave y seca. En los días siguientes, la condición de Callie empeoró. Siguió tosiendo, se puso pálida, no se movía mucho y de repente perdió su saludable apetito. Cuando Callie dejó de respirar, la trasladaron rápidamente al hospital en una ambulancia. Médicos pudieron resucitarla pero la próxima vez que dejó de respirar, no pudieron salvarla. Unos pocos días después, la familia supo que Callie había fallecido a causa de la tosferina. "No podíamos creerlo. Éramos muy cuidadosos de no exponerla a muchas personas", dice Katie. Con tan solo 5 semanas de edad, Callie era muy pequeña para recibir la vacuna contra la tosferina. A partir de 2012, se recomienda a las mujeres embarazadas recibirse la vacuna contra la tosferina, llamada Tdap, en el tercer trimestre de su

Ask your doctor or midwife about getting the whooping cough vaccine during your 3rd trimester.

Pregnancy and Whooping Cough Website

Pregnancy and Whooping Cough

 Recommend  Tweet  Share

For Pregnant Women



Whooping cough (pertussis) is a very contagious disease that can be deadly for babies. It is spread from person to person, usually by coughing or sneezing while in close contact with others. Learn how you can help protect your baby from whooping cough.

- Get Vaccinated While Pregnant
- Surround Babies with Protection
- Vaccinate Your Baby
- Deadly Disease for Babies
- Safety & Side Effects
- Vaccine Effectiveness

For Healthcare Professionals



Pertussis is on the rise and outbreaks are happening across the United States. Learn more about providing the best prenatal care to prevent pertussis by strongly recommending Tdap to your patients during the third trimester of each pregnancy.

- Vaccinating Pregnant Patients
- Answering Patient Questions
- Making a Strong Referral
- Getting Reimbursed for Tdap Vaccination
- Rationale: Why Vaccinate Pregnant Women?
- Vaccine Safety
- Vaccine Effectiveness

www.cdc.gov/pertussis/pregnant

Distribution Plans

- ❑ **Materials are available for free download:**
 - www.cdc.gov/pertussis/pregnant
- ❑ **Limited quantities available for free from CDC warehouse**
 - <http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx>
- ❑ **Promote awareness of campaign among healthcare professionals, partners, immunization programs, and immunization coalitions**
- ❑ **Annual observations:**
 - **National Infant Immunization Week (April 16-25, 2015)**
 - **National Immunization Awareness Month (August 2015)**
 - **Pregnancy week is August 9th-15th (#TeamVax)**
- ❑ **Digital buy targeting pregnant women (English and Spanish speaking)**

Summer Digital Buy

Discounts, deals, and info from BabyCenter partners — Unsubscribe | View in browser



a message from our partner

Whooping cough outbreaks are happening in the US

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

Why does your baby need protection against whooping cough?

- It can be deadly for babies; 10-20 babies die each year from whooping cough.
- It can make babies gasp for air and turn blue from lack of oxygen.

Talk to your doctor or midwife about getting the whooping cough vaccine at your next appointment.

[Protect my baby](#)



Did you know you can help protect your baby from whooping cough while pregnant?

[Find out how](#)



¿Sabía que desde el embarazo puede ayudar a proteger a su bebé de la tosferina?

[Averigüe cómo](#)



PANDORA



CDC Sponsored ·  

Whooping cough vaccine in your 3rd trimester helps protect your baby at first breath.



Help protect your baby at her **first breath**.

[Learn More](#)

<http://www.cdc.gov/whoopingcough>

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About 117,000 results (0.31 seconds)

Vaccines During Pregnancy

 www.cdc.gov/WhoopingCough

Protect Your Baby Against Whooping Cough in the Womb. [Learn More!](#)

39,160 followers on Google+

What We Learned From the Digital Buy

- ▶ **Pandora:** Was a successful and efficient tactic, with both targets (English and Spanish) yielding similar results.
- ▶ **SEM:** Tdap vaccine/immunization, whooping cough and baby immunization proved to be the most successful key terms and the ad copy body “Protect your baby against whooping cough w/Tdap. Learn More!” was the strongest performer.
- ▶ **Facebook:** Was successful at driving a high volume of site traffic to the CDC site in addition to engagement within the Facebook ecosystem.
- ▶ **Baby center:** Baby center.com proved to be a difficult vendor to work with, however, their ability to reach this niche target audience is a plus.

Next Steps

- ❑ **Continue to promote awareness of campaign materials and messages**
 - National digital media buy targeting pregnant Latinas
- ❑ **Analyze additional research**
 - Survey with nurses, nurse practitioners, and nurse-midwives
- ❑ **Publish research to practice efforts**
- ❑ **Evaluation of campaign reach**
 - Web metrics
 - Re-fielding of ob-gyn and pregnant women's surveys

What We Are Asking Partners To Do

- ❑ **GIVE STRONG RECOMMENDATIONS** for whooping cough vaccine (Tdap) in the 3rd trimester of each pregnancy
- ❑ **ASK HEALTHCARE PROFESSIONALS** to include *Born with Protection* campaign materials in prenatal information packets

www.cdc.gov/pertussis/materials/index.html

- ❑ **ENCOURAGE** pregnant women to ask their doctor or midwife about whooping cough vaccine
- ❑ **PROMOTE** CDC's Tdap during pregnancy website and materials through your social media channels

www.cdc.gov/pertussis/pregnant

More Ways to Get Involved!

- ❑ **ALERT** prenatal healthcare professionals that whooping cough outbreaks are happening across the U.S.
- ❑ **RAISE AWARENESS** among prenatal healthcare professionals that:
 - 3rd trimester vaccination every pregnancy offers the best protection for baby
 - Postpartum Tdap administration is NOT optimal
 - Cocooning alone may not be effective and is hard to implement
- ❑ **DIRECT** pregnant women to CDC information about Tdap during pregnancy
www.cdc.gov/pertussis/pregnant
- ❑ **COLLABORATE** with us to expand the campaign's reach

Protect Moms-to-Be and their Babies from Flu with Vaccination During Pregnancy

Austyn Dukes, MA

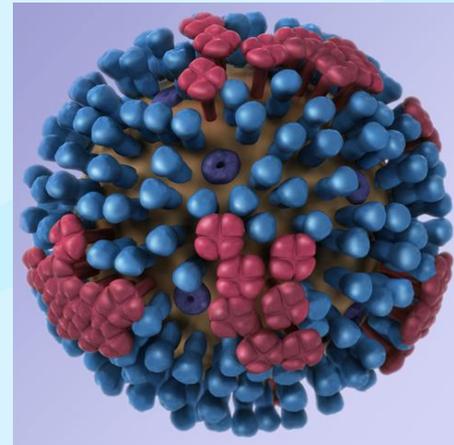
Health Communication Specialist

NILE Webinar

August 26, 2015

Influenza: The Disease

- Contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs
- Causes mild to severe illness, including death (~3,000-49,000 deaths per year)
- Signs/symptoms include fever, cough, sore throat, runny nose, muscle or body aches, headache, fatigue, vomiting and diarrhea sometimes occur
- Flu viruses spread mainly by droplets, also contact



Influenza and Pregnant Women

- **Pregnant and postpartum women are at higher risk for severe illness and complications from influenza than women who are not pregnant.**
- **Flu is more likely to cause severe illness, hospitalization, and death in pregnant women.**
- **Pregnant women with flu may also have a greater chance for premature labor and delivery.**



Influenza Vaccination and Pregnant Women

- **Since 2004, the Advisory Committee on Immunization Practices (ACIP) and American College of Obstetricians and Gynecologists (ACOG) has recommended that all women who are pregnant or who might be pregnant in the upcoming influenza season receive a flu shot because of this increased risk for serious illness and complications from influenza**
- **Also, household contacts of pregnant women and health care professionals should be vaccinated-- to protect themselves and their high risk patients**
- **Vaccination during pregnancy has been shown to protect infants from influenza, including infants aged <6 months, for whom no influenza vaccines are currently licensed (1,2)**

1) Zaman K, Roy E, Arifeen SE, et al. Effectiveness of maternal influenza immunization in mothers and infants. N Engl J Med 2008;359:1555–64.

2) Steinhoff MC, Omer SB. A review of fetal and infant protection associated with antenatal influenza immunization. Am J Obstet Gynecol 2012;207(3 Suppl):S21–7.

Influenza Vaccination and Pregnant Women cont.

- **Influenza vaccination can be administered at any time during pregnancy**
- **Women who are or will be pregnant during influenza season should receive the flu shot. Live attenuated influenza vaccine (LAIV) is not recommended for use during pregnancy**
- **Postpartum women (including nursing mothers) can receive either LAIV or IIV and should get vaccinated if they weren't during pregnancy.**
- **Breastfeeding mothers who have gotten vaccinated develop antibodies which is passed in breast milk, which help to protect the baby from flu**

Vaccine Options and Timing of Vaccination

- **Pregnant women can receive IIV3 (3 strain) or IIV4 (4 strain/quadrivalent) flu shots**
- **Pregnant women should get vaccinated soon after vaccine becomes available, ideally by October**
- **Or, she should get vaccinated as soon as she finds out that she is pregnant, regardless of trimester (if vaccine is available). For example, if a woman finds out she is pregnant in February, she should be vaccinated at that time rather than waiting until the Fall to get vaccinated.**

Vaccination Barriers and Facilitators in Pregnant Women

▪ Barriers

- Low Perceived Susceptibility and Severity
- Safety Concerns
- Side Effects
- Vaccine efficacy

▪ Facilitators

- Provider Offer and Recommendation
- Education and awareness

Influenza Vaccine Safety Monitoring in Pregnant Women

- **Studies of several thousand pregnant women in scientific literature have assessed the safety of using the flu vaccine during pregnancy. These studies have shown no evidence of harm to pregnant women, to the unborn child (or fetus) or to newborns of vaccinated women. (1)**
- **CDC and FDA conduct ongoing monitoring of the safety of seasonal influenza and other vaccines licensed for use in the U.S., in cooperation with state and local health departments, health care providers, and other partners. Monitoring the safety of seasonal flu vaccine in pregnant women is part of this effort.**
- **2 main systems used:**
 - Vaccine Adverse Event Reporting System (VAERS)
 - Vaccine Safety Datalink (VSD)

1) Zaman K, Roy E, Arifeen SE, et al. Effectiveness of maternal influenza immunization in mothers and infants. N Engl J Med 2008;359:1555–64.

Educating the Healthcare Professional

- **Flu Vaccination Coverage in Pregnant Women:**
<http://www.cdc.gov/flu/fluview/links.htm#pregnant>
- **Letter to Providers: *Influenza Vaccination of Pregnant Women***
<http://www.cdc.gov/flu/pdf/professionals/providers-letter-pregnant-2014.pdf>
- **Streaming Videos: *Protecting Pregnant Moms and their Babies from Flu this Season***
<https://www.youtube.com/watch?v=gjrf7hbliE&feature=youtu.be>
- **CDC Expert Commentary on Medscape- *Influenza and Pregnancy: Prevention and Treatment***
<http://www.medscape.com/viewarticle/834887>
- **Influenza-related Training:**
<http://www.cdc.gov/flu/professionals/training/index.htm>



Educating the Patient: Resources for HCPs

- Flu and Pregnancy Infographic- *Flu Vaccination: A Growing Trend Among Pregnant Women*
<http://www.cdc.gov/flu/pdf/partners/flu-pregnancy-infographic.pdf>
- Print Materials for Pregnant Women, including customizable OB/GYN card
<http://www.cdc.gov/flu/freeresources/print-pregnant.htm>
<http://www.cdc.gov/flu/freeresources/print-spanish.htm>
- Podcast: *Preventing Flu During Pregnancy*
<http://www2c.cdc.gov/podcasts/player.asp?f=8629986>
- Animated Image (GIF) for sharing on social media
<http://www.cdc.gov/flu/freeresources/animated-pregnant-women.htm>



Pregnant Women Need a Flu Shot

Flu vaccine comes in two forms: an injectable form (the flu shot) and a nasal spray. The nasal spray for LAIV (flu vaccine) is **not recommended** for pregnant women.

Pregnant women should receive the flu shot. The nasal spray is for use in healthy people 2-49 years of age who are not pregnant.

Women who are not pregnant but are breastfeeding may receive the nasal spray flu vaccine.

Influenza (the flu) is a serious illness, especially when you are pregnant.
FACT: The flu can cause serious illness in pregnant women.
 Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung function during pregnancy make you more likely to get seriously ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization and even death. The flu shot is the best way to protect you and your unborn child. It also helps protect your newborn child because it reduces the chance for serious problems such as pneumonia after delivery.

The flu shot is the best protection for you - and your baby.
FACT: Getting a flu shot is the first and most important step in protecting yourself against the flu.
 When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your unborn baby, and help protect the baby for up to 6 months after you are born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed to breast milk.

It takes about two weeks to make antibodies after getting the vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated as soon as you can.

The flu shot is safe for you and for your unborn child.
FACT: The flu shot is safe for pregnant and breastfeeding women and their infants.
 You can receive the flu shot at any time, during any trimester, while you are pregnant. Millions of flu shots have been given to pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their infants.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You or others who care for your baby may get the flu and pass it to the baby. Because babies younger than 6 months are too young to receive the flu vaccine, it is important that everyone who cares for the baby get a flu vaccine, including other household members, relatives, and caregivers.

FACT: The side effects of the flu vaccine are mild when compared to the disease itself.
 After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and fatigue or feel tired.

Medical Center for Prevention and Population Sciences
 Office of Director

Flu vaccination: a growing trend among pregnant women
 Results of CDC's 2013-2014 Internet Panel Survey of Pregnant Women

More than ever, pregnant moms are getting their flu vaccination

Flu shots help protect pregnant women and their babies from potentially serious illness during and after pregnancy. During the 2013-14 flu season, an estimated 52%* of pregnant women in the U.S. protected themselves and their babies from flu by getting a flu shot. This is a significant improvement since the years before the 2009 pandemic, but almost half of pregnant women and their babies still remain unprotected from influenza. We can do better. All pregnant women need flu shots to protect themselves and their babies.

Influenza vaccination coverage among pregnant women aged 18-49 years**

If you're pregnant, a flu shot:

- is safe, and can be received at any time during pregnancy
- can help protect against premature labor and delivery
- protects your baby after birth for 6 months, while she or he is too young to get a flu shot

Pregnant women also need a whooping cough (Tdap) shot. Talk to your provider.

Make sure to protect yourself and your baby. Get vaccinated.

www.cdc.gov/flu/protect/vaccine/pregnant.htm

U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention
 *Based on 2009-2010 and 2010-2011 Internet Panel Survey
 **CDC Pregnancy (10-08-2014)

flu shot reminder

As part of your prenatal care, your doctor recommends getting a flu shot anytime during your pregnancy.

- Getting a flu shot is a safe way to prevent possible the related complications.
- Millions of pregnant women have safely received the shot for many years.
- Pregnant women should not get the nasal spray vaccine.
- A flu shot during pregnancy protects both mom and baby (up to 6 months of age) from the flu.

www.cdc.gov/flu

To learn more, visit www.cdc.gov/flu



For more information please contact FluInbox@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.