

# Tdap Playbook

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## **INTRODUCTION**

After the discovery of vaccinations, it has been used to prevent many diseases. Healthcare providers play a big part in lowering the risk of developing these diseases by offering vaccinations and making it more accessible to the public. In recent years, there are multiple outbreaks of Pertussis with rising numbers of cases every year. It is important that we, as healthcare providers, have knowledge about Pertussis and how to prevent it.

## **BACKGROUND**

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a “whooping” sound when they try to breathe. In newborns, pertussis can be a life-threatening illness. Infants are unable to receive the first shot of the childhood vaccination series for diphtheria, tetanus and pertussis (DTaP) until 2 months of age, which leaves them vulnerable before that time. To confer protection to unvaccinated infants through the transfer of antibodies, pregnant mothers can receive the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine.<sup>1</sup> In 2014, the California Department of Public Health (CDPH) declared a pertussis epidemic with the highest incidence rates among infants aged <12 months. CDPH reported 10,381 cases of pertussis in California. Out of all the California cases of pertussis, 227 of the cases were infants <4 months of age who required hospitalized care. CDPH collected the vaccination history from 243 mothers of infants with pertussis, only 38 of those mothers reported receiving the Tdap vaccine as recommended by the Advisory Committee on Immunization Practices (ACIP). Consequently, CDPH has worked closely with healthcare facilities to encourage the Tdap booster shot for pregnant women at 27 - 36 weeks’ gestation in order to reduce rates of pertussis among infants.<sup>2</sup>

Furthermore, immunity to pertussis wanes following both vaccination and disease. This explains the high incidence of pertussis during adolescence. Pertussis rates for children and adolescents between 7-16 years of age represent 64% of pediatric cases (5,285) in California. Outbreaks of pertussis in elementary, middle and high school have been reported in many counties in California. Therefore, ACIP have updated their recommendations for Tdap to include a wider range of ages (ages 7-10, 65 and older).<sup>2</sup>

## **ACIP RECOMMENDATIONS**

The following recommendations are the most recent ACIP recommendations for the administration of the Tdap vaccine. These recommendations focus on reducing the incidence of vaccine preventable disease and increase safe use of vaccines.

### **Undervaccinated children aged 7-10 years**

- Children aged 7-10 years who have NOT completed the DTaP childhood vaccination series should receive a single dose of Tdap as part of the catch up series. If additional doses are needed, use Td vaccine.

### Adolescents aged 11-18 years

- Adolescents aged 11-18 years who completed the DTaP childhood vaccination series should receive one dose of the Tdap vaccine, preferably at age 11-12 years. This should replace the first Td booster.
- Adolescents aged 11-18 years who have NOT completed the DTaP childhood vaccination series should follow CDC’s catch-up vaccination guide, and should one Tdap vaccine as part of the catch-up series.
- Students in California are required by law to receive a Tdap booster prior to entering the 7<sup>th</sup> grade.

### Adults aged 19 years and older

- Adults who have not previously been vaccinated with Tdap vaccine should receive a single dose of Tdap to replace their next Td booster. Routine Td boosters every ten years should be continued following the Tdap vaccine.

### Timing of Tdap following Td

- When indicated, Tdap should be administered immediately regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine.

### Pregnant women:

- Administer Tdap to pregnant women between 27 and 36 weeks of gestation. This timing of administration provides the optimal antibody response. However, a pregnant woman may receive the Tdap anytime during her pregnancy.
- If Tdap is not administered during pregnancy, then the Tdap should be administered following delivery.
- If a pregnant woman’s next Td booster vaccine is scheduled during her pregnancy, administer Tdap in the place of Td between 27-36 weeks of gestation.
- Adolescents and adults in close contact with infants younger than 12 months should receive a dose of Tdap if they have not received Tdap yet.

### Healthcare Personnel:

- All healthcare personnel should receive the Tdap if they have not previously received the Tdap and regardless of the time of their last Td booster.

### Recommended Childhood, Adolescent & Adult Immunization

Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP

Age	7-10 years	11-12 years	13-18 years	19 + years	Pregnancy
Diphtheria, Tetanus, Pertussis		Tdap	1 dose of Tdap can replace any Td booster if previously not vaccinated with Tdap		1 dose Tdap each pregnancy
Tetanus, Diphtheria	1 dose Td every 10 years following last DTaP or Tdap				

## **EDUCATIONAL WEBINAR/LIVE PROGRAMS**

### **MARKETING/ADVERTISING**

The following marketing strategies are suggestions for ways to market/advertise the Tdap vaccines at your practices:

#### Pharmacy:

##### **Intro/On-hold message:**

Script: “Are you or someone you know pregnant? Do you have a child who is entering the 7<sup>th</sup> grade? Have you not previously received the Tdap vaccine? If you answer ‘yes’ to any of these questions, we recommend you come in and speak to the pharmacist about the pertussis vaccine. Help protect yourself, your children and newborns from the whooping cough and get your vaccine today.

##### **Pamphlets/Brochures:**

- Provide a pamphlet inside every drug prescription bag for all patients
- Have pamphlets available to pick up at the pharmacy counter, designated waiting areas, and in aisles that contain maternity or baby supplies.

##### **Posters:**

- Hang up a medium sized poster in front of the pharmacy counter, in designated waiting areas, and in maternity and baby supply aisles.

##### **Direct Patient Interaction:**

- Patients who ask for drug recommendations for pregnant women or newborns should be informed about the Tdap vaccine benefits
- Patients or guardians that walk into the pharmacy with a newborn should be informed about the Tdap vaccine benefits
- Patients or representatives that pick up prescriptions for common pregnancy medications, such as prenatal vitamins, should be informed about the Tdap during consultation
- Patients with children entering the 7<sup>th</sup> grade should be informed of the mandatory Tdap vaccination of students entering this grade
- Patients who have never received the Tdap vaccine should be informed of the Tdap recommendations
- Patients who work in healthcare and are in direct contact with sick people should be informed of the Tdap vaccine benefits

#### Physicians/OBGYN Clinics

##### **Working Relationship**

- Speak to physicians and OBGYNs about whether or not they provide the Tdap vaccine to their patients and their barriers to providing the vaccine
- Start a working relationship with the physician/OBGYN by asking them to refer their patients to you for the Tdap vaccine
  - When referring, they should inform their patients that the Tdap vaccine may not be covered at the pharmacy so they may need to pay out-of-pocket

- Emphasize the benefits of receiving the vaccine

### **Pamphlets/Brochures**

- Leave pamphlets/brochures at the offices of physicians and OBGYNs to be given to their patients

### Elementary/Middle/Junior High Schools

#### **Presentations**

- Presentation at PTA/PTO meetings to educate parents/guardians of children advancing into grade seven to vaccinate their children as required by California law (AB 354).

#### **Pamphlet/Flyer**

- Provide school with pamphlet or flyer to distribute to the guardians/parents of children advancing to grade seven.

### WIC (Women, Infants, Children) Program

- Provide screening and check immunizations for pregnant women and up to 6 weeks after pregnancy and for children and infants under the age of 2 years. WIC can make referrals for vaccines.
- Screening and referral policy
- Counting DTaP Vaccinations
- Healthcare providers can help patients check their eligibility using the WIC prescreening tool located at <http://wic.fns.usda.gov/wps/pages/start.jsf>

### Maternity classes/programs

#### **Class/Activity**

- Instructors can invite guest speakers to provide information regarding the safety and importance of the Tdap vaccine
- Instructors can remind patients who are in their third trimester to follow up for the Tdap vaccine

#### **Pamphlets/Brochures**

- Hand out Tdap information pamphlets to patients who sign up for maternity classes or maternity programs

#### **Posters**

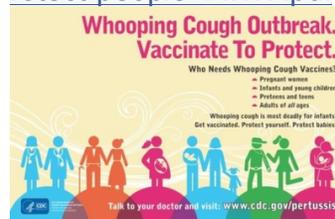
- Hang a medium sized poster in activity rooms or waiting rooms for patients to read
- Go over the poster during class or activity time to emphasize the importance of getting the vaccine

## Posters for Public

<http://eziz.org/assets/docs/IMM-1145.pdf>



<http://www.cdc.gov/pertussis/downloads/protect-people-11x17.pdf>



<http://eziz.org/assets/docs/IMM-1146.pdf>

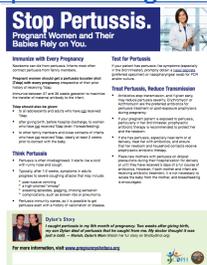


<http://eziz.org/assets/docs/IMM-1039.pdf>



## Handouts for Providers

<http://eziz.org/assets/docs/IMM-1034.pdf>



<http://eziz.org/assets/docs/IMM-1015H.pdf>



## SCRIPT FOR PHARMACY STAFF:

The followings scripts are available for the Pharmacy staff to use in different scenarios to inform customers about Tdap vaccination service.

**Patient walks into the pharmacy to purchase or drop off a prescription for prenatal vitamins or antiemetics. (Common medications: Pyridoxine, Doxylamine, Diphenhydramine, Meclizine, Dimenhydrinate, Ondansetron, Metoclopramide)**

*Pharmacy Employee:* Hi, I see you are [picking up your prescription for/purchasing (OTC) prenatal vitamins/nausea medication]. Are you purchasing these items for yourself or for someone who is pregnant?

*Pharmacy Employee:* Have [you/she] gotten [your/her] Tdap vaccination yet during [your/her] pregnancy? You should consider getting the vaccination in your third trimester to protect your baby from getting pertussis, also known as “whooping cough” when the is born. Newborns are at risk of getting pertussis if their mothers didn’t get the vaccine during the pregnancy.

*Pharmacy Employee:* What trimester [are you/is she] in?

*Patient:*

**Third trimester**

*Pharmacy Employee:* It is highly recommended that [you/she] receive the Tdap during this stage of [your/her] pregnancy in order to make sure that the baby will be protected after birth. Can we interest [you/her] in getting the Tdap vaccine today?

*Patient:*

**Earlier than third trimester**

*Pharmacy Employee:* Would [you/she] like to schedule a time to come back to receive the Tdap vaccine sometime during the third trimester? If [you are/she is] late in the second trimester, [you/she] may also receive the Tdap today. However, it is recommended to receive it during the third trimester for maximal effect.

*Patient:*

**I am not interested in getting the Tdap.**

*Pharmacy Employee:* What concerns you about getting the Tdap? May I answer any questions you have?

**Patient has strong beliefs against vaccinations.**

*Pharmacy Employee:* I noticed you are near/in your third trimester of your pregnancy and have opted to not receive the Tdap vaccine. I strongly recommend getting the Tdap for all pregnant patients. Can you tell me why you do not want to get vaccinated?

*Patient:*

**I’ve heard stories about children developing autism after being vaccinated.**

*Pharmacy Employee:* A study published in 1998 stated there was a link, but that study was found to be falsified. There are currently many studies now that further prove that there is no link between vaccines and autism.

*Patient:*

**Vaccines can “overload” a child’s immune system**

*Pharmacy Employee:* From the moment babies are born, they are exposed to all sorts of illness-causing viruses, much more than those found in

vaccines. In addition, vaccines are treated to ensure that the vaccines themselves do not harm the immune system.

*Patient:*

**“Natural immunity” is better than immunity from vaccination**

*Pharmacy Employee:*

Research shows that the immune response of people who have been vaccinated against various diseases is just as good as those whose immunity comes from an infection. But of course, vaccine-acquired immunity is preferred because it comes without a potentially dangerous infection.

*Patient:*

**It is my business whether my children are vaccinated or not**

*Pharmacy Employee:*

By not vaccinating your children, you may be jeopardizing the health of others because infectious disease may be carried by them and passed on to those who are vulnerable. This increases the likelihood of outbreaks.

### **Patient is expecting newborn within family**

*Pharmacy Employee:*

Are you in close contact with a pregnant woman or a newborn under two months?

*Patient:*

**Yes**

*Pharmacy Employee:*

I highly recommend that you get the Tdap vaccine, even if you have had it before. This is to protect the newborn from getting whooping cough. The newborn is too young to receive the whooping cough vaccine, DTaP, and whooping cough is life-threatening to newborns.

### **Patient has not had a Td booster in the last 10 years and has never received Tdap**

*Pharmacy Employee:*

When was the last time you had a Tdap vaccine or Td booster?

*Patient:*

**I have not received a Td booster for more than 10 years and I have not had the Tdap previously.**

*Pharmacy Employee:*

I highly recommend that you get the Tdap booster today here at the pharmacy. You should be getting a Td booster every ten years following this dose of Tdap.

*Patient:*

**My next scheduled Td booster is coming soon and I have not previously received the Tdap.**

*Pharmacy Employee:*

I recommend that you get the Tdap vaccine instead of the Td booster during your next scheduled Td booster. You should be getting a Td booster every ten years following this dose of Tdap.

### **Patient has a child who is 11-12 years of age or entering the 7<sup>th</sup> grade**

*Pharmacy Employee:* I noticed that you have a child/children around the age of 11/12. What age and grade are they in?

*Patient:* **My child/children is/are 11, 12, or entering the 7<sup>th</sup> grade**  
*Pharmacy Employee:* The pertussis vaccine called Tdap is required for all California students entering the 7<sup>th</sup> grade. It is also highly recommended for adolescents to receive the Tdap vaccine when they are 11 or 12 years old. I recommend that you schedule your [child/children] to come into the pharmacy to receive the vaccine.

### **Patient is employed as healthcare personnel**

*Pharmacy Employee:* What is your occupation? I notice that you work in healthcare.

*Patient:* **I am a healthcare personnel.**  
*Pharmacy Employee:* I highly recommend that you get the Tdap booster today here at the pharmacy. Even if you are not in direct contact with patients, all healthcare personnel should receive the Tdap vaccine once.

### **DOCUMENTATION**

Screening Form/Vaccine Record-See Attachment A  
Tdap Protocol- See Attachment B  
Tdap Vaccine Information Statement (updated 2/24/2015) can be found at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

### **CALIFORNIA IMMUNIZATION REGISTRY (CAIR)**

Enroll or update patients in the California Immunization Registry (CAIR), a computerized immunization information system for California residents by visiting <http://cairweb.org/>. Pharmacies will have to enroll/register as a vaccine administrator online. See attachment C for a guide on how to enroll your pharmacy into CAIR.

### **VACCINE INFORMATION**

Adacel Vaccine-See Attachment D  
Boostrix Vaccine-See Attachment D

### **ADMINISTRATION**

How To Administer Tdap-See Attachment E  
<http://www.immunize.org/catg.d/p2020.pdf>

## **BILLING**

### **Medi-Cal Billing**

Bill Medi-Cal first if available

1. If the Tdap vaccine is covered under pharmacy benefits, then use the appropriate billing code
2. If rejected, call insurance company (use ancillary staff for assistance) to determine which benefit it is covered under and if it is under the pharmacy benefit. Then obtain the appropriate billing code. If it is covered under the medical benefit, inquire if they will directly reimburse the patient following out-of-pocket payment
3. If the Tdap vaccine is covered under medical benefits, then refer the patient to the appropriate provider. Please confirm that the referred provider will administer the Tdap vaccine
4. If both options are not available for the patient and the patient does not have other insurance options, then ask the patient to pay a one-time cost for the Tdap vaccine that will prevent them and others from the whooping cough.

### **Medicare Billing:**

If patient has Medicare, bill Medicare Part D.

### **Private Insurance Billing:**

1. Bill for the Tdap vaccine under pharmacy benefits and use the appropriate billing code.
2. If rejected, call insurance company (use ancillary staff for assistance) to determine which benefit it is covered under and if it is under the pharmacy benefit, then obtain the appropriate billing code. If it is covered under the medical benefit, inquire if they will directly reimburse the patient following out-of-pocket payment
3. If both options are not available for the patient, speak to the insurance company to determine the appropriate provider to refer the patient to if the Tdap vaccine covered under medical benefits.
4. Continue to cash payment if above options cannot be applied

## **RESOURCES**

### **Information on Pertussis**

- *Sounds of Pertussis*: <https://www.soundsofpertussis.com/>
- *California Department of Public Health* “Pertussis (Whooping Cough)”  
<http://www.cdph.ca.gov/healthinfo/discond/pages/pertussis.aspx>

### **Frequently Asked Questions:**

- *The American College of Obstetricians and Gynecologists* “Frequently Asked Questions for Patients Concerning Tdap Vaccination”  
[https://www.acog.org/About\\_ACOG/ACOG\\_Departments/Immunization/~media/Departments/Immunization/Tdap%20Vaccine%20Mailing/Tear%20pad%20FAQTDAP.pdf](https://www.acog.org/About_ACOG/ACOG_Departments/Immunization/~media/Departments/Immunization/Tdap%20Vaccine%20Mailing/Tear%20pad%20FAQTDAP.pdf)
- *Immunization Action Coalition* “Ask the Experts: Diphtheria, Tetanus, Pertussis”  
[http://www.immunize.org/askexperts/experts\\_per.asp](http://www.immunize.org/askexperts/experts_per.asp)

### **Pregnancy and Pertussis**

- *The American College of Obstetricians and Gynecologists* “Tetanus, Diphtheria and Pertussis Vaccine Recommendations and Safety”  
<http://immunizationforwomen.org/providers/diseases-vaccines/tetanus-diphtheria-pertussis/vaccine-recommendations-safety.php>
- *CDC* “Pregnancy and Whooping Cough”  
<http://www.cdc.gov/pertussis/pregnant/index.html>
- Frequently Asked Questions- See Attachment G

### **How to Respond to Hesitant Parents**

- *Immunization Action Coalition* “Need help responding to vaccine-hesitant parents?”  
<http://www.immunize.org/catg.d/p2070.pdf>
- *California Department of Public Health* “Vaccine Safety: Answers to Parents’ Top Questions”  
<http://www.eziz.org/assets/docs/IMM-916.pdf>

### **Local Pharmacies Offering Tdap**

- See Attachment G

### **Tdap Vaccine Prescribing Information Sheets**

- Adacel Prescribing Information Sheet:  
<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142764.pdf>
- Boostrix Prescribing Information Sheet:  
<https://www.gsksource.com/gskprm/htdocs/documents/BOOSTRIX.PDF>

### **Adverse Event Reporting**

- *Vaccination Adverse Event Reporting System (VAERS)* “Report an Adverse Event”  
<https://vaers.hhs.gov/esub/index>

### **Vaccines for Children (VFC)**

- *Centers for Disease Control and Prevention* “Vaccines for Children Program”  
<http://www.cdc.gov/vaccines/programs/vfc/index.html>
- *California VFC Program*  
<http://eziz.org/vfc/>
- See Attachment H

## **ATTACHMENTS**

A-Screening Form/Vaccine Record

B-Tdap Protocol

C-CAIR Enrollment

D-Adacel and Boostrix Vaccine Information

E-Administration of Tdap

F-Frequently Asked Questions-Pregnancy and Pertussis

G-Pharmacies Offering Tdap

H-Vaccines for Children

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# Tdap Vaccination Form

**Information regarding person receiving vaccine (please print clearly)**      Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

**Screening Checklist** The following questions will help us determine if you are qualified for Tdap today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain.

	Yes	No	Don't Know
1. Are you pregnant or is there a chance you could get pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or a blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure, or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you bring your immunization record card with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaccine Name: \_\_\_\_\_ Lot # \_\_\_\_\_ NDC# \_\_\_\_\_ Exp. \_\_\_\_\_

Type	Manufacturer	Route	Injection Site	Time/Date	Date of VIS
<b>Tdap</b>			RIGHT DELTOID		
			LEFT DELTOID		

Signature of Person Administering the Vaccine: \_\_\_\_\_ Date \_\_\_\_\_

# Tetanus & Diphtheria Toxoids and Acellular Pertussis (Tdap) Vaccine Protocol

1. **CONDITION FOR PROTOCOL:** To reduce incidence of morbidity and mortality of tetanus, diphtheria and pertussis disease for pregnant women and unborn fetus.
2. **POLICY OF PROTOCOL:** The pharmacist will implement this protocol for Tdap vaccination.
3. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
  - a. lack of documentation of receiving a dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult
  - b. currently pregnant and no documentation of Tdap given during current pregnancy
  - c. lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
  - d. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
  - e. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
4. **CONDITION-SPECIFIC CRITERIA AND PRESCRIBED ACTIONS:**

*For persons adopting these protocols: The criteria below list indications, contraindications, and precautions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in [ ] but may not suit your institution's clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate action to be prescribed. (Delete this paragraph before version is signed.)*

Criteria	Prescribed Action
<b>Indications</b>	
Currently non ill person age 11 through 12 years due for pre-adolescent booster.	Give Tdap if meets remaining criteria.
Currently non ill person age 13 years or older and has not received a Tdap previously.	Give Tdap if meets remaining criteria.
Person age 13 years or older and has not received a Tdap previously but has received a Td vaccine within past 5 years.	Give Tdap if meets remaining criteria.
Person is age 7 through 10 years and has not completed the DTaP series.	Give Tdap if meets remaining criteria.
Person age 7 years or older has had no previous dose of tetanus, diphtheria and pertussis vaccines or no documentation of vaccination.	Give Tdap as one of the doses in the Tdap/Td primary series. (Use Td as Primary Series Protocol.)
Person is pregnant.	Give Tdap if woman is between 27 and 36 weeks gestation and meets remaining criteria.
<b>Contraindications</b>	
Person has history of pertussis disease.	Proceed to vaccinate if meets remaining criteria.
Person has a stable neurologic disorder, including well-controlled seizures, a history of a seizure disorder that has resolved, or cerebral palsy	Not a contraindication for vaccination; proceed to vaccinate with Tdap if meets other criteria.
Person had a systemic allergic reaction (anaphylaxis) to a previous dose of DTaP or Td.	Do not vaccinate; _____

Precautions	
Person has a systemic allergic reaction (anaphylaxis) to a component of any Td vaccine.	Do not vaccinate; _____
Person developed encephalopathy within 7 days of receipt of a pertussis-containing vaccine with no other plausible causes identified.	Do not vaccinate; _____
Person is currently on antibiotic therapy.	Proceed to vaccinate.
Person has a mild illness defined as temperature less than ____°F/°C with symptoms such as: {to be determined by medical prescriber}	Proceed to vaccinate.
Person has a moderate to severe illness defined as temperature ____°F/°C or higher with symptoms such as: {to be determined by medical prescriber}	Defer vaccination and {to be determined by medical prescriber}
Current progressive neurological disorder.	[Refer to primary care provider.] [Delay vaccination until neurological condition can be assessed, treatment regimen is established, and patient is stabilized. Refer to primary care provider for further evaluation.]

5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
6. **PRESCRIPTION:** Give Tdap using one of the following products:
  - Boostrix 0.5 ml, IM
  - Adacel 0.5 ml, IM
7. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or, alternatively, the anterolateral thigh also can be used. (Note: a 5/8" needle may be used for adults weighing less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)
8. Provide subsequent doses of either Tdap or Td to adults as follows:
  - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses.
  - b. to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to observe a minimum interval between Td and the subsequent Tdap); if Tdap was already administered, boost with Td routinely every 10 years.
  - c. for pregnant women, administer Tdap during each pregnancy (preferably during 27 through 36 weeks' gestation), regardless of number of years since prior Td or Tdap vaccination.

9. Document each patient's vaccine administration information and follow up in the following places:
- **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.

**10. MEDICAL EMERGENCY OR ANAPHYLAXIS:** *[Depending on staffing, include one of the two options below.]*

In the event of a medical emergency related to the administration of a vaccine. Pharmacy staff will apply protocols as described in \_\_\_\_\_.

In the event of an onset of symptoms of anaphylaxis including:

- rash
- itchiness of throat
- swollen tongue or throat
- difficulty breathing
- bodily collapse

Pharmacists will implement the protocol described in \_\_\_\_\_.

11. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
12. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

**13. QUESTIONS OR CONCERNS:**

In the event of questions or concerns, call Dr. \_\_\_\_\_ at \_\_\_\_\_.

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This protocol shall remain in effect for all patients of \_\_\_\_\_ until rescinded or until

Name of prescriber: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CAIR Enrollment

To enroll your pharmacy into CAIR, please use the following the instructions:

First, decide what **level of access your organization** would like to have on CAIR in order to begin enrollment using the appropriate enrollment portal.

→ For **Data Exchange access** use the **CDPH Gateway/IZ Portal Enrollment webpage:**  
<https://igs.cdph.ca.gov/cair/>

- The CDPH Gateway/IZ Portal allows for your organization to submit HL7-formatted immunization information electronically to CAIR (ongoing data submission)
- Meets the requirements for the **EHR Incentive Program**
- Only for providers submitting to the 7 participating CDPH CAIR registries: **Northern Cal, Greater Sac, Bay Area, Central, Central Coast, LA-Orange and Inland Empire**
  - To find counties and cities belonging to each region go to <http://cairweb.org/cair-regions/>
- For more information on the CDPH/IZ Portal go to <http://cairweb.org/imp-faqs/>

→ For **Clinical, Limited Clinical or Read-Only** levels of access use the **CAIR New Enrollment** page: <http://enroll.cairweb.org/>

- These levels of access allow users in your organization to manually enter and/or view immunization information on CAIR
- If enrolling with this level of access, continue to the follow the instructions on the next page

If your Organization:	Administers vaccines and wants to <u>send doses and patients to CAIR electronically (e.g. via data export from EHR).</u>	Administers vaccines and wants to enter patients and doses directly into CAIR.	Does not administer vaccines but needs to enter patients and historical doses into CAIR, e.g. WIC.	Does not administer vaccines but needs to look-up patients, e.g. to confirm immunization status (schools, child care facilities).
Then the <b>CAIR Access Level</b> for your Organization would be:	Data Exchange	Clinical	Limited Clinical	Read-Only
To enroll:	Go to the <a href="#">CDPH HIE Gateway/ IZ Portal</a> . <u>Note: Only HL7 data can be submitted through the Gateway/Portal.</u>  Note: if you enroll at the CDPH Gateway/IZ Portal, <u>do not re-enroll at the CAIR Online Enrollment page.</u> During Gateway enrollment, you will be able to indicate whether you wish your staff to have access to CAIR.	Go to the <a href="#">CAIR New Enrollment</a> page, complete the online application, and choose <b>Clinical</b> as your desired CAIR Access Level.	Go to the <a href="#">CAIR New Enrollment</a> page, complete the online application, and choose <b>Limited Clinical</b> as your desired CAIR Access Level.	Go to the <a href="#">CAIR New Enrollment</a> page, complete the online application, and choose <b>Read-Only</b> as your desired CAIR Access Level.

## CAIR NEW ENROLLMENT

1. Once on the CAIR New Enrollment webpage (<http://enroll.cairweb.org>) fill in the following:

→ Select **NO** for electronic data submission

→ Enter in Zip Code

→ Click **CONTINUE**

2. Enroll as either:

- **A new organization OR**
- **A new site that is part of an existing CAIR organization**

→ Fill in your organization's information (name, address, phone number, fax and contact information)

→ Select **YES** or **NO** for being a WIC Provider, VFC Provider and using CAIR for inventory

→ Select an access level

- **Clinical**
- **Limited Clinical OR**
- **Read-Only**

Refer to the table on page 1 to help determine the level of access you desire

→ Select your organization type

→ Click **CONTINUE**

3. Review that information entered is correct

→ Click **CONTINUE**

**Welcome to the CAIR New Organization/Site Enrollment Page!**

Note: This website is for enrolling New Organizations/Sites, not for adding New Users to an existing CAIR Organization or Site. If you are an existing CAIR Organization or Site, complete and FAX (888-426-8320) to the CAIR Help Desk the appropriate form to [Add New Users](#), [Change User Status](#), [Add or Inactive 'Shotgiver Only' staff](#), or [Transfer Users to Another CAIR Organization](#).

Before beginning the new Organization/Site registration process, do the following:

1. If you intend to submit immunization data to CAIR electronically, register instead at the [CDPH Gateway/IZ Portal](#)
2. [Search existing CAIR Accounts](#) for your CAIR Organization/Site. If you find your Account, do not register here since you already have a CAIR Org/Site account.
3. Set aside 10-30 minutes to complete the online registration process. If you don't complete the entire process, none of the info you enter will be saved.
4. If registering as a 'clinical' Org/Site, have your Responsible Clinician's Full Name and CA Medical License Number available.
5. Have available the names (and titles) of each Org/Site staff member who you want to have access to CAIR.

If you are a New Organization that intends to register multiple locations/Sites, register your main Site first and wait to receive approval before registering other Sites. Once your main Site has received its CAIR Provider ID, be sure to enter that ID as the CAIR Group ID when registering additional Sites.

To begin the New CAIR Organization/Site Enrollment registration process, please enter your Zip Code and click 'Continue'.

Do you plan to submit data electronically to CAIR:  Yes  No

Please enter your Zip Code:

[Continue](#)

\*Providers in Alpine, Amador, Calaveras, Imperial, Mariposa, Merced, San Diego, San Joaquin, Stanislaus, and Tuolumne counties will not be able to use online enrollment. Click [here](#) for contacts in those counties.

**NEW CAIR ORGANIZATION/SITE ENROLLMENT**

If you are a New Organization that intends to enroll multiple Sites, please enroll your main Site first and wait for verified confirmation before enrolling additional Sites.

Are you enrolling as?:  A new Organization  Existing Organization [Continue](#)

Org/Site - Name

Address (line 1)

Address (line 2)

City

Contact Name

Contact Email

Phone ( ) -

Fax ( ) -

ZIP Code 91788

Contact Phone ( ) -

Re-type Email

WIC Provider  No  Yes  Other

VFC Provider  No  Yes  Other

CAIR Access Level Requested  Clinical  Limited Clinical  Read-Only  Other

Will Use Inventory  No  Yes  Other

**Organization/Site Type**

<input type="radio"/> Pediatrics	<input type="radio"/> Family Practice	<input type="radio"/> Multispecialty practice	<input type="radio"/> Internal Medicine	<input type="radio"/> Ob/Gyn
<input type="radio"/> Urgent Care	<input type="radio"/> Local Health Dept.	<input type="radio"/> Fed-Qual or Rural HC	<input type="radio"/> Community HC	<input type="radio"/> Hospital
<input type="radio"/> Long-term Care	<input type="radio"/> Tribal/IHS Clinic	<input type="radio"/> School/Daycare/College	<input type="radio"/> WIC Facility	<input type="radio"/> STD Clinic
<input type="radio"/> Family Planning	<input type="radio"/> Retail Pharmacy	<input type="radio"/> Correctional Facility	<input type="radio"/> Residential Treatment Facility	<input type="radio"/> Other: <input type="text"/>

[Continue](#)

4. Register each pharmacy staff at your site as a user

→ For each person, enter in **NAME** and **EMAIL**, and select **USER TYPE** and **SHOT GIVER**

→ The **USER TYPE** selected for each pharmacy staff will determine their individual level of access. You may select either:

- **POWER** (your site may only have up to 3 power users maximum)
- **REGULAR OR**
- **READ-ONLY**

Use the table below to determine the user type for your pharmacy staff

CAIR User Levels

User Type	Search Records	Run Reports	Add Transcribed Doses	Add /Edit New Doses	Add/Edit New Patients	Add/Edit Inventory
<u>Power</u>	X	X	X	X	X	X
<u>Regular</u>	X	X	X	X	X	
<u>Read-Only</u>	X	X				

→ Click **CONTINUE**

5. Review that entered information is correct

→ Click **CONTINUE**

6. User Agreements

→ Read and understand the **CAIR Providers/Organization Terms & Conditions**

→ Read and understand the **CAIR Individual User Terms & Conditions**

→ An organization representative must **AGREE** to Terms & Conditions on behalf of the organization and its users by

- **CHECKING** the first box to indicate your agreement to the Terms & Conditions
- **CHECKING OR LEAVING BLANK** the second box to select whether or not you would like your organization's information to be published on Cairweb.org

**CAIR Individual User Terms & Conditions**  
 California Health and Safety Code Section 120440 limits access to the California Immunization Registry (CAIR) to authorized users who require the information for the purpose of providing immunization services as specified.

As a condition of authorized access to the California Immunization Registry, I agree:

- To only access and use the registry system in the course of my assigned duties for the purpose stated above.
- To keep my user password confidential.
- To only use my own password to access to the registry.
- To maintain the privacy and confidentiality of information in the registry.
- To not communicate, publish and/or otherwise provide or make public any information regarding persons enrolled in the registry and their immunization status, except:
  1. To patients who request their own immunization records,
  2. To individuals authorized by law to access immunization registry information, or
  3. When records are presented in aggregate reports and have no associated identifying information.

To assure appropriate usage of CAIR, a permanent electronic record will be created that will log each User's access into any registry client record. Any unauthorized release of confidential information by a User may revoke my or my Organization's access to the California Immunization Registry (CAIR). User accounts will be inactivated by CAIR staff if a User fails to login to CAIR for a period of 6 months (Power or Regular Users) and 1 year (Read-Only User).

**Organization Representative**

By checking this box and entering your name below, you as the Organization Representative agrees that the Organization and all listed Users associated with the Organization have read and will abide by the CAIR rules set forth in this Agreement. CAIR reserves the right to terminate this Agreement if the Organization or its Users violate this Agreement or use the system in an unauthorized manner. This Agreement will remain in effect until terminated by either party.

I do not want my Organization information published on Cairweb.org.

Full Name \*: \_\_\_\_\_  
 Title \*: \_\_\_\_\_  
 Email Address \*: \_\_\_\_\_  
 Contact Number \*: \_\_\_\_\_

To leave a message or special instructions for your Local CAIR Representative, such as the intent to enroll multiple sites, enter below.  
 \_\_\_\_\_

- and entering the organization representative's **FULL NAME, TITLE, EMAIL ADDRESS AND CONTACT NUMBER**

→SUBMIT

7. You shall receive a confirmation email shortly that will include:

- A username
- Site username
- Instructions on how to create a password
- Instructions on how to register for mandatory training

→REGULAR USERS will be instructed to register for a **REGULAR** 2 hour-long online training

→POWER USERS will be instructed to register for a **REGULAR** 2 hour-long training AND an **INVENTORY** training

## CAIR Training-Regular Users

1. Once you have enrolled in training date, you will receive an email with instructions on how attend your online training session.
2. Prior to your session, print out the required documents and test your internet connection.

Next Vac. Date: **Past Due** Reactions:  Waivers:  Risks:  [Create New Siblings](#)

Current Vaccine Eligibility: **VFC Eligible: Medi-Cal/CHDP**

History | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | [OtherInfo](#) | [TB Test History](#)

**Immunization History**

Vaccine	Group	Seq	Date Recv.	Age	Provide
<a href="#">DTaPHBIP</a>	POLIO	1	08/01/2011	0y11m16d	TRANSCRI
<a href="#">DTaPHBIP</a>	POLIO	2	05/05/2013	2y 8m19d	LINK2
<a href="#">DTaPHBIP</a>	POLIO	3	07/05/2013	2y10m19d	TRANSCRI
<a href="#">DTaPHBIP</a>	DTP	1	08/01/2011	0y11m16d	TRANSCRI
<a href="#">DTaPHBIP</a>	DTP	2	05/05/2013	2y 8m19d	LINK2
<a href="#">DTaPHBIP</a>	DTP	3	07/05/2013	2y10m19d	TRANSCRI
<a href="#">DTaP</a>	DTP	4	01/05/2014	3y 4m20d	TRANSCRI
<a href="#">HIB</a>	HIB	1	08/16/2011	1y 0m 0d	TRANSCRI
<a href="#">HIB</a>	HIB	2	02/16/2012	1y 6m 0d	TRANSCRI
<a href="#">MMR</a>	MMR	1	08/27/2013	3y 0m11d	docoffic
<a href="#">MMR</a>	MMR	2	08/21/2015	5y 0m 5d	TRANSCRI

Archived: 0 [Options for Recommendations](#)

Recommendations:

<a href="#">&gt;POLIO</a>	4	08/16/2014
<a href="#">&gt;DTP</a>	5	08/16/2014
<a href="#">&gt;FLU</a>	1	08/01/2015
<a href="#">VZV</a>	2	09/18/2015
<a href="#">HPV</a>	1	08/16/2021
<a href="#">MCV4</a>	1	08/16/2021

Accelerated Schedule  Had Chickenpox

3. On the day of your training session, click the **“Join”** link provided to you in a confirmation email and the reminder emails. You will be prompted to download a program. Once you have downloaded and opened the program, you will be taken to a portal where you will receive your training with your instructor and fellow trainees. Call the number given to you to join group call so that you can listen to the instructor.
4. The training session will be 2 hours long and comprises of a slideshow presentation and a tutorial on how to navigate and use CAIR. Roll will be taken at the start and the end of the session. You will also be asked to demonstrate how to use CAIR during the training.
5. Once your training is completed, you will receive an email with your password to login to CAIR.

**\*\*For a guide on how to use your CAIR account visit**  
<http://cairweb.org/images/docs/BasicGuide.pdf>

**ADACEL Tdap Vaccine** (adapted from prescribing sheet)

**Indications:** active booster immunization against tetanus, diphtheria and pertussis for persons ages 10-64.

**Dosage Forms:** single-dose vials or prefilled syringes each containing 0.5 mL suspension.

NDC 49281-400-88 Syringe in package of 5: NDC 49281-400-15

NDC 49281-400-58 Vial in package of 5: NDC 49281-400-05

NDC 49281-400-58 Vial in package of 10: NDC 49821-400-10

**Administration:** Shake vial or syringe until the suspension becomes uniformly white and cloudy. Visually inspect suspension for discoloration and particulate matter. Inject the single-dose 0.5 mL intramuscularly into deltoid muscle of upper arm.

**Contraindications:**

1. Hypersensitivity: A severe allergic reaction of anaphylaxis to a previous dose of tetanus, diphtheria or pertussis containing vaccine or any of the components of this vaccine might trigger a similar reaction.
2. Encephalopathy: coma, prolonged seizures or decreased level of consciousness can happen within 7 days of the previous dose of tetanus, diphtheria or pertussis containing vaccine.

**Warnings & Precautions:**

1. Epinephrine hydrochloride solution (1:1000) and other equipment must be available in case of an anaphylactic reaction.
2. The tip caps prefilled syringe may contain natural rubber latex, and this can cause allergic reaction to latex sensitive individuals.
3. The risk for Guillain-Barre syndrome may be increased in the subsequent dose of Tdap vaccine for those who have developed the syndrome within 6 weeks of the previous dose.
4. In patients with progressive or unstable neurologic conditions, administer Adacel may lead to a diagnostic confusion between the illness and possible adverse effects of the vaccine.
5. If an Arthus-type hypersensitivity occurred after a previous dose of tetanus, diphtheria or pertussis containing vaccine, the individuals should not receive Adacel more frequently than every 10 years. (1)
6. Syncope (fainting) can occur in association with administration of injectable vaccines including Adacel.

**Adverse Reactions:**

1. Solicited injection site reactions: injection site pain (80.9% of adolescents (2), 65% in adults), swelling and erythema.
2. Solicited systemic reactions: body ache and muscle weakness (30.4% in adolescents, 21.9% adults), Headache (43.7% in adolescents, 33.9% in adults), Tiredness (30.2 % in adolescents, 24.3% in adults), chills, sore/swollen joints, nausea, diarrhea. (1)

**Storage:** Store at 2-8C (36-46F). Do not freeze. Do not use after freezing.

**Pregnancy Category C**

**Register with Sanofi Pasteur Inc. by calling 1-800-822-2463 (1-800-VACCINE)**

**BOOSTRIX Tdap Vaccine** (adapted from prescribing sheet)

**Indications:** a vaccine indicated for the active immunization against tetanus, diphtheria, and pertussis for individuals ages 10 and older.

**Dosage Forms:** Single-dose vials or prefilled syringe each containing 0.5 mL suspension.

NDC 58160-842-01 Vial in Package of 10: NDC 58160-842-11

NDC 58160-842-05 Syringe in Package of 1: NDC 58160-842-34

NDC 58160-842-43 Syringe in Package of 10: NDC 58160-842-52

**Administration:** Shake vigorously to obtain a suspension that is uniformly white and cloudy. Visually inspect suspension for discoloration and particulate matter. Inject the single dose 0.5 mL injection intramuscularly into the deltoid muscle or upper arm.

**Contraindication:**

1. Hypersensitivity: A severe allergic reaction of anaphylaxis to a previous dose of tetanus, diphtheria or pertussis containing vaccine or any of the components of this vaccine might trigger a similar reaction.
2. Encephalopathy: coma, prolonged seizures or decreased level of consciousness can happen within 7 days of the previous dose of tetanus, diphtheria or pertussis containing vaccine.

**Warning & Precautions:**

1. Epinephrine hydrochloride solution (1:1000) and other equipment must be available in case of an anaphylactic reaction.
2. The tip caps of the prefilled syringe may contain natural rubber latex, and this can cause allergic reaction to latex sensitive individuals.
3. The risk for Guillain-Barre syndrome may be increased in the subsequent dose of Tdap vaccine for those who have developed the syndrome within 6 weeks of the previous dose.
4. In patients with progressive or unstable neurologic conditions, administer Boostrix may lead to a diagnostic confusion between the illness and possible adverse effects of the vaccine.
5. If an Arthus-type hypersensitivity occurred after a previous dose of tetanus, diphtheria or pertussis containing vaccine, the individuals should not receive Boostrix more frequently than every 10 years. (1)
6. Syncope (fainting) can occur in association with administration of injectable vaccines including Boostrix

**Adverse Reactions:**

1. Solicited injection site reactions: injection site pain (75.2% of adolescents, 61% in adults), swelling and erythema. (3)
2. Solicited systemic reactions: Headache (43.1% in adolescents, 30.1% in adults). Fatigue (37.0% in adolescents, 28.1 % in adults), gastrointestinal symptoms (26.0% in adolescents, 15.9% in adults) chills, sore/swollen joints, muscle pain (3)

**Storage:** Store 2-8C (36-46F). Do not freeze. Discard vaccine if it has been frozen.

**Pregnancy Category B**

**Register with GlaxoSmithKline by calling 1-888-452-9622.**

## Comparison of Boostrix & Adacel

	<b>Boostrix</b>	<b>Adacel</b>
<b>Age Indicated</b>	10 years and older	10-64 years old
<b>Dose</b>	0.5 mL single dose	0.5 mL single dose
<b>Location of Injection</b>	IM	IM
<b>Pregnancy Rating</b>	B	C
<b>Pricing</b>	\$44.61	\$50.68
<b>Allergen Component</b>	Natural rubber latex on bottle	Natural rubber latex on bottle
<b>Storage Requirement</b>	2-8°C	2-8°C
<b>Active Ingredient</b>	Tetanus Toxoid Diphtheria Toxoid Acellular Pertusis <ul style="list-style-type: none"> <li>• Pertussis Toxoid (PT)</li> <li>• Filamentous Haemagglutinin (FHA)</li> <li>• Pertactin</li> </ul>	Tetanus Toxoid Diphtheria Toxoid Acellular Pertussis <ul style="list-style-type: none"> <li>• Pertussis Toxoid (PT)</li> <li>• Filamentous Haemagglutinin (FHA)</li> <li>• Pertactin (PRN)</li> <li>• Fimbriae Types 2 and 3 (FIM)</li> </ul>
<b>Inactive Ingredient</b>	<u>Excipients</u> <ul style="list-style-type: none"> <li>• Aluminum salts</li> <li>• Sodium chloride and water for injection</li> </ul>	<u>Excipients</u> <ul style="list-style-type: none"> <li>• Aluminum Phosphate (adjuvant)</li> <li>• 2-phenoxyethanol</li> </ul> <u>Manufacturing Process Residuals</u> <ul style="list-style-type: none"> <li>• Formaldehyde and glutaraldehyde are present in trace amounts</li> </ul>

## General Guidelines for Vaccine Administration

1. Wash your hands with soap and warm water to prevent infection and put on gloves
2. Confirm the correct vaccine and verify the expiration date
3. Verify preparation instructions (vaccine may need to be shaken before its administration)
4. Prepare the dose using the appropriate technique

### Pre-Filled Syringe

- a. Remove and throw away the rubber tip on the pre-filled syringe.
- b. Attach the safety needle to the pre-filled syringe with a firm push and a clockwise twist
- c. Uncover the needle by removing the plastic wrap from the shield
- d. Pull the needle cover away from the needle towards the syringe barrel
- e. Remove air bubbles from the pre-filled syringe by holding the syringe with the needle facing the ceiling and pulling down slightly on the plunger rod then pushing in the plunger slowly to push the air bubbles out of the syringe (small air bubbles will not hurt the patient if they cannot be removed)

### Single/Multi- Dose Vials

- a. Remove the protective cap
- b. Swap the top of the vial with alcohol
- c. Pull back plunger of syringe to draw in air equal to the volume designated for the vaccine dose for injection
- d. Insert the needle into the vial by first inserting the tip of needle at a 45° angle into the rubber top, then push the needle all the way in using a 90° angle
- e. Push in the plunger to inject the air into the vial
- f. Turn the vial and syringe upside down and withdraw the dose
- g. While the vial and syringe are still upside down, remove any air bubbles by pulling down slightly on the plunger rod then pushing in the plunger slowly to push out the air bubbles (small air bubbles will not hurt the patient if they cannot be removed)
- h. Carefully remove the syringe from the vial

5. Position sharps container within reach
6. Prepare the patient for injection
  - a. Patient should be seated and relaxed
  - b. Uncover area, wipe with alcohol and let the area dry
7. Insert the needle with a controlled motion, while bracing the arm, into the appropriate area with the appropriate mechanism
  - a. Intramuscular-Insert the needle at a 90° angle into the deltoid muscle
  - b. Subcutaneous-Pinch the fold of the skin on the outer aspect of the upper arm and insert the needle at a 45° angle
8. Depress the plunger until the syringe is completely empty
9. Withdraw the needle swiftly
10. Activate the safety device
  - a. Pre-filled syringe-push the cover forward onto the needle until you hear or feel it lock
  - b. Retractable syringe-depress the plunger firmly down until the needle retracts back into the syringe
  - c. Syringe with cap-With the cap lying on the table, scoop the cap onto the needle without touching or holding the cap with your hands. Once the cap is on the needle, press it down until it locks
11. Dispose of the syringe in the sharps container
12. Press cotton or gauze onto injected area and tape to patient or use a band-aid
13. Remove gloves and wash hands

## **FAQs: Pregnancy and Pertussis**

### **I am pregnant. Should I get a Tdap shot?**

Yes, you should receive it late in your second trimester or third trimester of pregnancy (27-36 weeks gestation). The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis.

### **I am planning on becoming pregnant. Is it recommended that I receive a Tdap shot?**

Yes, all adults should receive a single dose of Tdap. If you have not received a Tdap vaccination before, you can receive a Tdap vaccine now.

### **What if I have already gotten the Tdap shot? Do I need to get it again while I am pregnant?**

Yes, whether or not you have received the Tdap or Td vaccine prior to your pregnancy, you need to get a Tdap shot during your pregnancy to ensure the transfer of protection to your newborn child.

### **During which trimester is it safe to have a Tdap shot?**

Experts recommend that the Tdap vaccine be administered to pregnant women late in the second trimester (ie, after 20 weeks of gestation) or third trimester of pregnancy. ACIP recommends getting the vaccine between 27-36 weeks gestation.

### **This is not my first pregnancy. Do I still need to get the Tdap shot?**

Yes, all pregnant mothers should receive a Tdap vaccine for each pregnancy.

### **Can newborns be vaccinated against pertussis?**

No, infants are at risk of getting pertussis until they can be vaccinated at 2 months of age.

### **What else can I do to protect my baby against pertussis?**

Getting your Tdap shot is the most important step in protecting yourself and your baby against whooping cough. It is also important to make sure all family members and caregivers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety “cocoon” of vaccinated caregivers around your baby.

### **I am breastfeeding my baby. Is it safe to get vaccinated with Tdap?**

Yes, a Tdap shot can safely be given to breastfeeding mothers if they did not receive the vaccine while they were pregnant. However, getting the vaccine after pregnancy is not effective in transferring protection to the newborn child.

### **I did not receive my Tdap shot during pregnancy. Do I still need to be vaccinated?**

Yes, if you needed the vaccine and you were not vaccinated with Tdap during pregnancy, you should receive your Tdap shot immediately after your baby is born.

### **Can I receive the flu vaccine at the same time as the Tdap?**

Yes, you can receive both the flu vaccine and Tdap at the same time. However, it is recommended that you receive the flu vaccine early on during your pregnancy and the Tdap in the third trimester.

### **Can I receive the Tdap before the third trimester?**

It is highly recommended that you receive the Tdap in the third trimester. However, you may get the Tdap vaccine late in the second trimester. It may not be as effective in transferring immunity to your newborn.

### **What is the Vaccines for Children (VFC) program?**

- The Vaccines for Children program was enacted by Congress in 1993 under the Center for Disease Control. It helps uninsured or underinsured children (ages 18 and below) to receive all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by CDC and HHS without any cost.
- Healthcare providers who are under the VFC program can order vaccines through their state VFC program to obtain routine vaccines at no cost.
- Any healthcare provider authorized to prescribe vaccines under your state law can be a VFC provider. Healthcare providers applying to the program must be enrolled and all requirements are met.

### **How to become a VFC provider:**

1. Contact your State/Territory VFC coordinator and ask for a Provider Enrollment Package to be mailed to you. [Find your coordinator](#)
2. Complete the State Provider Enrollment forms and return them as soon as possible.
3. Prepare your office and staff for a site visit to go over the administrative requirements of the program and to ensure proper storage and handling of vaccines when you receive them:
  - a. Identify and designate staff with key VFC Program responsibilities within the practice.
  - b. Complete a set of five required lessons found on the [EZIZ website](#).
  - c. Download and review a number of job aids and guides that will assist your staff in preparing for enrollment into the VFC Program.
  - d. Make sure your storage equipment meets VFC requirements.

**\*All enrollment steps can be found on the EZIZ website**

### **To participate in the VFC Program, providers agree to:**

1. Determine each child's VFC eligibility. (Identification verification is not required.)
2. Maintain documentation of VFC eligibility in each child's record:
  - a. CAIR (California Immunization Registry)
  - b. Electronic Medical Record (EMR)/Electronic Health Record (EHR)
  - c. VFC Program Patient Eligibility Screening Record Form (IMM-1111)
3. Follow the [Recommended Immunization Schedule](#) as established by state law and CDC's Advisory Committee on Immunization Practices (ACIP). (The American Academy of Pediatrics [schedule](#) conforms to the ACIP recommendations.) Individual medical judgment may be exercised.
4. Do not charge for VFC-supplied vaccine. An administration fee of up to \$26.03 per VFC vaccine dose administered may be charged, but it must be waived if a patient cannot pay.
5. Provide vaccine information materials as required by law for all providers.
6. Provide services consistent with the National Vaccine Advisory Committee's [Standards for Child and Adolescent Immunization Practices \(SCAIP\)](#). The provider will periodically meet with a California VFC Representative who will conduct a site visit, called Quality Assurance Review (QAR), to assess the provider's compliance with the standards and, if needed, offer recommendations.
7. Follow VFC guidelines for vaccine [storage equipment](#).

### **VFC providers are NOT required to:**

1. Accept children as patients solely because they are eligible for immunization through the VFC Program.
2. Become Medi-Cal or CHDP providers.

**How the VFC program can benefit you as a provider:**

- It reduces your up-front costs because routine vaccines are given at no cost for VFC-eligible children.
  - Also, an administrative fee can be charged to offset costs of doing business.
- Your patients benefit because they won't have to go somewhere else to get the vaccines they need

California VFC Program Website  
<http://eziz.org/vfc/>