Immunization Priorities to Prevent Infant Pertussis

Immunization Strategies	Benefits		Limitations	CDC Recommendations	CDPH Recommendations
	Mother	Baby			
1. Maternal prenatal Tdap *(most effective strategy)*	Decreases acute risk of mother becoming ill with pertussis	Provides baby with antibody protection until baby old enough to receive own DTaP vaccination	Premature infants born before there is sufficient time for maternal antibody production and transfer might not be protected	Mothers should get Tdap during 3rd trimester of each pregnancy www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html	Mothers should get Tdap 3rd trimester of every pregnancy, at first opportunity after 26 weeks of gestation
2. DTaP for baby as early as possible (6wks) *(effective strategy)*	No effect	Baby develops antibodies to pertussis within a few weeks after vaccination. Even one dose of DTaP decreases risk of death from pertussis.	No protection before 6+ weeks of age, when infants are at highest risk of death	DTap is the best protection for babies as they grow older www.cdc.gov/pertussis/pregnant/mom/vaccinate-baby.html	Babies should receive DTaP as early as feasible (ideally 6 weeks) because pertussis is endemic in our community* in California
3. Immunizing all close contacts (cocooning) infant *(minimally effective strategy)*	Decrease risk of mother's exposure to pertussis	Decreases risk of infant's exposure to pertussis	No protection against pertussis if mother or baby is exposed, and pertussis is very common in the population	Might indirectly protect the baby, but does not provide direct protection, and it's hard to immunize all possible contacts www.cdc.gov/ pertussis/pregnant/mom/protection.html	Might indirectly protect the baby, but it is logistically difficult to immunize everyone around the baby, so has limited effectiveness
4. Maternal postpartum Tdap *(least effective strategy)*	Decreases acute risk of mother becoming ill with pertussis	Possible small effect from mother being less likely to be source of pertussis infection to expose child. (Unknown if any protection added to breast milk.)	No direct protection for infant	Mothers who did not receive Tdap during pregnancy should receive it postpartum to reduce the likelihood that the mothers become infected with pertussis, and thus less likely that they pass it onto the baby www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html	Mothers who did not receive Tdap during pregnancy should receive it postpartum to reduce the likelihood that the mothers become infected with pertussis, and thus less likely that they pass it onto the baby

**Red Book/AAP 2015*