

**RIVERSIDE COUNTY COMMUNITY HEALTH AGENCY**  
**Disease Control**  
**Immunization Branch**  
**(2/1/2006)**

## **Tdap Vaccine**

**ADULT USE RECOMMENDATIONS**  
**ACIP Provisional Recommendations until published in the MMWR**

### California Department of Health Services

### GUIDELINES

RECOMMENDATIONS FOR USE FOR ADULTS :

**A. Recommendations of adults 19-64 years of age *who have not yet received Tdap:***

1. **Routine:** Adults should receive a single dose of Tdap to replace a single dose of Td for booster immunization if they have received their most recent tetanus containing vaccine (e.g.Td)  $\geq 10$  years earlier.
2. **Shorter intervals between Td and Tdap:** Tdap may be given at an interval shorter than 10 years since the last Tetanus containing vaccine in order to protect against Pertussis at intervals as short as 2 years between Td and Tdap. The Tdap would replace the next Td booster.
3. **Prevention of Pertussis among infants  $\leq 12$  months of age.**
  - Because of the increased risk of severe or fatal Pertussis to infants under 12 months of age it is recommended that a single dose of Tdap for all persons who have or who anticipate having close contact with an infant  $\leq 12$  months of age. These would include:
    - health care providers
    - parents,
    - other household contact 10 years and older,
    - child care providers
  - Tdap should be given at least 1 month before close contact with the Infant.
  - Women should receive a dose of Tdap in the immediate post-partum period if they have not previously received Tdap. Any woman who anticipates becoming pregnant is encouraged to receive a single dose of Tdap.

- Simultaneous administration: Tdap should be administered along with any other vaccines that are indicated during the same visit.

#### 4. *Special Situations*

- Tetanus prophylaxis in wound management: Adults requiring a Tetanus containing vaccine as part of wound management should receive Tdap ***instead of Td*** if they have not previously received Tdap.
- Incomplete or unknown vaccination history: Adults who have never received Td vaccine should receive a series of three vaccinations. The preferred schedule is a single dose of Tdap, followed by Td  $\geq 4$  weeks later, and a second dose of Td 6 to 12 months later. **Tdap may substitute for Td for any one of the three doses in the series.**
- History of Pertussis: Adults with a history of Pertussis generally should receive Tdap according to the routine recommendations.
- Pregnancy: Pregnancy is not a contraindication to Tdap or Td vaccination. ***Guidance on the use of Tdap during pregnancy is still under consideration by ACIP at this time.***

#### 5. *Contraindications to Tdap*

- History of serious allergic reaction (i.e. anaphylaxis) to vaccine components.
- History of encephalopathy (e.g., coma, prolonged seizures) not attributable to an identifiable cause within 7 days of administration of a Pertussis vaccine.

#### 6. *Precautions and Reasons to Defer Tdap*

- Guillan-Barre Syndrome (GBS)  $\leq 6$  weeks after a previous dose of a tetanus toxoid containing vaccine,
- Moderate to severe acute illness,
- Unstable neurological condition
- History of Arthus hypersensitivity reaction to a tetanus containing vaccine administered  $\leq 10$  years previously.

#### 7. *Reporting Adverse Events after Vaccination*

- All clinically significant adverse events should be reported to VAERS, even if a causal relationship to vaccination is uncertain. VAERS reporting forms and information are available electronically at <http://www.vaers.org/>.

### CLARIFICATIONS ON RECOMMENDATIONS FOR THE USE OF Tdap IN OLDER CHILDREN

1. As with adults, the following are the only true contraindications to the use of Tdap in children 10 years and older:

- History of serious allergic reaction (i.e. anaphylaxis) to vaccine components.
  - History of encephalopathy (e.g., coma, prolonged seizures) not attributable to an identifiable cause within 7 days of administration of Pertussis vaccine.
2. Vaccine providers may administer Tdap after Td to adolescents 11-18 years of age at intervals shorter than 5 years, particularly when the benefit of providing protection against Pertussis is likely to be increased (e.g., Pertussis outbreaks, close contact with an infant  $\leq$  12 months of age). The safety of intervals as short as approximately 2 years between Td and Tdap has been supported.