

The following excerpt is from a recent e-AMA newsletter and continues to be a stark reminder that vaccine preventable diseases can recur if immunity levels wane or are not high enough to provide "herd immunity."

Pertussis claims 10th victim in California. [CNN](#) (10/21, Falco) reports that pertussis "has claimed the 10th victim in California, in what health officials are calling the worst outbreak in 60 years." Notably, "all of the deaths occurred in infants under the age of three months, says Michael Sicilia, a spokesman for the California Department of Public Health." Sicilia also noted that "California Health Department epidemiologists estimate 50 percent of the children who have gotten sick were infected by their parents or caregivers." For that reason, it is important for all people who have close contact with infants to get vaccinated against pertussis. Allison Patti, a spokeswoman for the CDC, emphasized that the pertussis vaccine "does not protect you for life," so people must remember to get booster shots.

The October 15, 2010 issue of the MMWR published an article which reinforces that pertussis is common in the US, especially among adults. The full text can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5940a3.htm?s_cid=mm5940a3_e

It is vital that healthcare providers (HCP) follow the current recommendations and receive a Tdap in place of a Td booster. Compared with the general population, HCP are at increased risk for acquiring pertussis, which can be transmitted to patients, including infants and immunocompromised persons.

Infants are at increased risk for pertussis and can acquire the disease from adult contacts. Protecting infants, especially those aged <6 months who are too young to complete a primary pertussis vaccination series, is important; over 90% of pertussis-attributable deaths in the United States during 2000--2004 were among infants aged <6 months. The findings in the MMWR suggest that during 2005-2008, this risk largely went unrecognized, given that adults with infant contact were no more likely than other adults to have received Tdap and also were no more likely to have been up-to-date on decennial tetanus booster vaccinations.

I encourage you to talk to your colleagues and to your patients about tetanus and pertussis vaccination. You are a critical determinant in vaccine acceptance. Vaccination providers should:

- 1) discuss tetanus vaccination status, especially with older patients,
- 2) recommend Tdap for persons aged 18--64 years whose most recent tetanus vaccination was ≥ 10 years prior, and
- 3) recommend that Tdap vaccination for HCP with direct patient contact and those with infant contact be administered as soon as feasible, at intervals as short as 2 years since the most recent tetanus vaccination.

For other persons aged 18--64 years, Tdap can be administered within 10 years of the most recent tetanus vaccination to protect against pertussis and especially should be considered during outbreaks and periods of increased community pertussis activity. Targeted efforts are needed to increase coverage among HCP and those with infant contact. Postpartum Tdap vaccination in some hospital settings has increased coverage among mothers and other household caregivers of infants. One of our delivery hospitals has already notified me that they are giving postpartum Tdap to new mothers.

Thank you for your attention to this important public health issue.
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