NEW REQUIREMENTS ON HOSPITALS REGARDING THE
PERTUSSIS VACCINE - EFFECTIVE JANUARY 1, 2014

Act 159 was passed in the 2013 Regular Legislative Session and is effective. On January 1, 2014, La. R.S. 40:2022 will require all licensed hospitals to offer the pertussis vaccine to each parent of a newborn infant in every instance practicable and shall administer the vaccine to each parent that wishes to be vaccinated.

Hospitals are also required to provide educational information issued by DHH on the pertussis disease to a person who is offered the vaccine and declines or indicates intent to defer vaccination. This information shall include, but not be limited to, information on the recommendation by the CDC that parents receive the Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (Tdap) vaccination during the postpartum period to help protect their newborns from the transmission of pertussis.

There are several relevant exceptions provided for in this statute:

1. A hospital shall not be required to offer the vaccine to any person who has already received the vaccine or for whom such vaccination is medically inappropriate.
2. The Act does not require any of the following:
   a. Administration of the pertussis vaccine, contingent upon its availability, by a hospital if the hospital cannot be compensated for administration of the vaccine at the normal or prevailing rate that is at least equal to the product cost plus any administrative costs for delivering the immunization over and above the reimbursement level for inpatient care.
   b. Provision of the pertussis vaccine to any person or health care provider by the Department of Health and Hospitals.
   c. Financing of pertussis vaccine administration by the Department of Health and Hospitals through any program or service of the department other than one that may presently cover such vaccination.
   d. Obligation for payment by a person or his insurer for pertussis vaccination.

It is important to note that the obligation placed on hospitals is to offer the vaccine to the parents of a newborn and to provide information on it if it is declined. There is no obligation to administer the vaccine unless the hospital can be compensated for the cost (not charges) of vaccine product plus the cost to deliver the immunization over and above the inpatient reimbursement rate.

We recommend that hospitals develop a process for documenting that the vaccine was offered to each parent of a newborn and the information required by the statute was delivered to each parent. The statute requires the offer be made “in every instance practicable.” Accordingly, the hospital records should also reflect: if it was not practicable to offer the parent the vaccine, if the offer would have been medically inappropriate; or if the parent declined the vaccination.

In a memo dated December 5, 2013, the DHH Office of Public Health provided clarification and guidance regarding the new requirement, including definitions for applicable hospitals (birthing hospitals only) and a definition of Newborn (“prior to leaving the hospital” and not any other pediatric or developmental definition). The memo is attached below, along with the documents that DHH intends to issue to be in compliance with the statute. Please contact Jennifer McMahon (jcmahon@lhaonline.org) or Ken Alexander (kalexander@lhaonline.org) with any questions.
December 5, 2013

Hospital Administrators:

This memo is designed to answer and clarify the questions that have been directed at the Immunization Program concerning Act 159 that will be implemented effective Jan 1, 2014. Although this was not a Department of Health and Hospitals (DHH) sponsored bill, we will do our best to answer questions.

As you know, CDC has released recommendations that all pregnant women should receive a TdaP vaccine dose during their 2nd or 3rd trimester of pregnancy for each and every pregnancy that occurs. Ideally, this will occur for pregnant women at their OB/GYN visits. Then, your facility need only to provide counseling to the expectant mothers regarding their extended family members (i.e. fathers, grandparents, sibs, etc) be covered with the TdaP vaccine via their PCP and/or your facility if you have means for vaccine provision. Ideally, this can all be done pre-delivery and is not associated with Act 159.

Act 159 states that parents of all newborns be offered TdaP vaccine and counseling prior to leaving the birthing hospital. This Act applies only to the birthing hospital, and not acute, psychiatric or surgical, etc facilities or rare ER deliveries. Newborn is defined as “prior to leaving the hospital” and not any other pediatric or developmental definition. Parents are defined as the mother and father. Other close family members (grandparents, caretakers) should be offered vaccine information (Vaccine Information Statements, VIS), and be vaccinated if your facility has the means to do so and be compensated for it. All information needed to present to parents and close contacts is already included in the birthing packet for parents produced by DHH.

The Immunization Program does not have a Tdap hospital program. The bill in no way obligates DHH to provide vaccine. It does require that DHH produce Pertussis Vaccine information for all parents but this is what we currently do as part of the birthing hospital package that we provide the hospitals. This includes information for older adults and information on protect yourself and your children get vaccinated for whooping cough. Since November 2013 we have begun to include in the package a Coconning Protects Babies fact sheet.

Exceptions to Act 159 exist, and include only providing the VIS statement when the hospital has no TdaP vaccine to offer, the parent cannot pay for the vaccine, or when the parent refuses. Please see Act 159 for details of exclusions.

We hope this helps. If you have further questions or concerns, please contact Ruben Tapia, Immunization Program Director at Ruben.Tapia@la.gov or contact our office at 504-838-5300. Also you should visit the CDC website at www.cdc.gov or the Immunization Action Coalition (IAC) at www.immunize.org for additional educational information that you can use. Thank you.

Sincerely,

Frank J Welch, MD, MSPH, FACSM
DHH OPH Medical Director

Ruben A Tapia, MPH
Immunization Program Director
**Tdap Vaccine**

**What You Need to Know**

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### Why get vaccinated?

**Tetanus, diphtheria** and **pertussis** can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

**TETANUS** (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.
- It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** can cause a thick coating to form in the back of the throat.
- It can lead to breathing problems, paralysis, heart failure, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.
- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

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### Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

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### Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, **OR** if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
  - have epilepsy or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had Guillain-Barré Syndrome (GBS),
  - aren’t feeling well on the day the shot is scheduled.
Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Brief fainting spells can follow a vaccination, leading to injuries from falling. Sitting or lying down for about 15 minutes can help prevent these. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following Tdap
(Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Moderate problems following Tdap
(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (about 1 in 5 adolescents or 1 in 100 adults)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 3 in 20 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 3 in 100).

Severe problems following Tdap
(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses).

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

  • Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS is only for reporting reactions. They do not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 or visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

Tdap Vaccine

05/09/2013

42 U.S.C. § 300aa-26
Cocooning Protects Babies
Everyone in a baby’s life needs to get vaccinated against whooping cough and flu!

What is cocooning?
Babies younger than 6 months old are more likely to develop certain infectious diseases than older children. Cocooning is a way to protect babies from catching diseases from the people around them – people like their parents, siblings, grandparents, friends, child-care providers, babysitters, and healthcare providers. Once these people are vaccinated, they are less likely to spread these contagious diseases to the baby. They surround the baby with a cocoon of protection against disease until he or she is old enough to get all the doses of vaccine needed to be fully protected.

Why is cocooning important?
Babies less than 6 months old are too young to have received all the doses of vaccine that are needed to protect them from whooping cough (pertussis), flu (influenza), and other dangerous diseases. To be fully protected, babies need to get all the vaccine doses in a series – not just the first dose.

Unvaccinated adults and family members, including parents, are often the ones who unknowingly spread dangerous diseases to babies.

Currently, towns and cities across the nation have had whooping cough outbreaks. Influenza outbreaks happen every year.

How can we protect babies against whooping cough?
- All children should be vaccinated on schedule with DTaP (the childhood whooping cough vaccine).
- All teenagers and adults need a one-time dose of Tdap vaccine (the teen and adult whooping cough vaccine).
- Pregnant women should receive a Tdap vaccination in each pregnancy, preferably during the 3rd trimester. This will protect the pregnant woman as well as her baby!

How can we protect babies against flu?
Everyone age 6 months and older needs to receive flu vaccine every year.

Information from Trusted Sources
- Video: Surround Your Baby with Protection (about whooping cough)
  http://cocooning.preventpertussis.org
  From the Texas Department of State Health Services
- Diseases and the Vaccines That Prevent Them
  From the Centers for Disease Control and Prevention
- Vaccine Educational Materials for Parents
  www.chop.edu/service/vaccine-education-center/order-educational-materials
  From the Vaccine Education Center, Children’s Hospital of Philadelphia
- Vaccine Information Website
  www.vaccineinformation.org
  From the Immunization Action Coalition
- Cocooning and Tdap Vaccination Web Section
  (cocooning information about whooping cough)
  www.immunize.org/cocooning
  From the Immunization Action Coalition

Technical content reviewed by the Centers for Disease Control and Prevention