



Date: August 19, 2019

DPH Memo BCD- 2019-12

To: Wisconsin Birthing Hospitals, Obstetricians, Pharmacists, and Local Health Departments

From: Jeanne F. Ayers, State Health Officer

A handwritten signature in cursive script, appearing to read "Ashley Mucek".

Ashley Mucek, Executive Director, March of Dimes

Ashley Mucek

Dipesh Navsaria, MD, MSLIS, MPH, FAAP, President, Wisconsin Chapter of the American Academy of Pediatrics

A handwritten signature in cursive script, appearing to read "Dipesh Navsaria".

Lisa Grill Dodson, MD, President, Wisconsin Academy of Family Physicians

A handwritten signature in cursive script, appearing to read "Lisa Grill Dodson, MD".

Sheldon A. Wasserman, MD, FACOG, Chair, Wisconsin Section, American College of Obstetricians and Gynecologists

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Vaccines Recommended During Pregnancy

Since 2012, the Advisory Committee on Immunization Practices (ACIP) has recommend use of [Tdap vaccine during every pregnancy](#). This is also endorsed by the [American College of Obstetricians and Gynecologists](#). ACIP has recommended influenza vaccine during pregnancy since 1997. Despite these long-standing recommendations, [Tdap](#) and [influenza](#) vaccination rates among pregnant women are unacceptably low.

Tdap Vaccination During Pregnancy

Women who develop pertussis late in pregnancy are likely to transmit *Bordetella pertussis*, the etiologic agent, to their newborn infants. Infants, particularly early in infancy, are at high risk for developing a severe complication of pertussis, including apnea, pneumonia, or death. Pregnant women should receive a dose of Tdap during *each* pregnancy. Tdap vaccine may be given at any time during pregnancy, although it is preferable to give it during weeks 27 through 36, to maximize the maternal antibody response and passive antibody transfer to the infant. This will provide some protection against pertussis during the early months following birth and before the infant is able to receive the primary diphtheria-

tetanus-acellular pertussis (DTaP) vaccine series. The DTaP series is initiated at age 2 months though the infant does not have adequate immunity until after the third dose, which is administered at age 6 months.

All family members and caregivers (e.g., babysitters or grandparents) of infants should also receive Tdap vaccine, optimally at least two weeks before the birth of the infant because immune response to the vaccine peaks about two weeks after vaccine administration. In addition, health care personnel, especially those with direct patient contact, should ensure that they have received a dose of Tdap to protect themselves and their patients.

Influenza Vaccination During Pregnancy

Women who get influenza during pregnancy, and their infants, are at increased risk for complications of influenza. Complications of influenza may include premature labor and delivery, infants who are small for gestational age or who have congenital abnormalities, hospitalization, and death. Pregnant women can receive the inactivated influenza vaccine at any time, during any trimester. Vaccination during pregnancy has been shown to protect both the mother and her infant (up to 6 months old) from influenza-related illness and hospitalization. In addition, because infants less than 6 months old are too young to receive an influenza vaccination, it is important that everyone who cares for infants (health care personnel, caregivers, and people who live in a household with an infant) receive the influenza vaccine. Live-attenuated influenza vaccine is not recommended for use during pregnancy. Pregnant women should receive the injectable influenza vaccine.

Vaccine Safety

There is no evidence of adverse fetal effects from vaccinating pregnant women with an inactivated virus or bacterial vaccines or toxoids, and a growing body of robust data demonstrates the safety of such use.

Wisconsin Immunization Registry (WIR)

The WIR is a web-based application developed to record and track immunizations for Wisconsin residents. Keeping up to date with changing vaccine recommendations and ensuring vaccines are administered at the appropriate times and intervals can be burdensome. The WIR is designed to help relieve this burden for health care providers.

Since the WIR is a web-based application, no installation or software downloads are necessary to get started; your clinic only needs a computer with an internet connection. There is no cost to health care providers for WIR use or training. To sign up for a no-cost WIR training, contact the WIR help desk at 608-266-9691 or email dhswirhelp@wisconsin.gov.

If you have questions or need additional assistance, please contact Stephanie Borchardt at 608-266-9923 or stephanie.borchardt@wisconsin.gov.