The Virtual Immunization Communication (VIC) Network is a project of the National Public Health Information Coalition (NPHIC) and the California Immunization Coalition, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
A New Campaign to Protect Babies from Whooping Cough: Resources for National Infant Immunization Week and Beyond

Webinar Objectives

1. Provide background on National Infant Immunization Week (NIIW)
2. Highlight CDC resources available to help plan NIIW events
3. Review the recommendation for Tdap vaccination during the 3rd trimester of every pregnancy
4. Share findings from CDC research about Tdap vaccine during pregnancy, including how those research findings have informed our communication efforts
5. Discuss how to access and share educational materials available from CDC
A nationwide ‘virtual’ immunization community of health educators, public health communicators and others who promote immunizations.
Enter your question here
Jenny Mullen
Lead for the Childhood Immunizations Communication Team in NCIRD's Health Communication Science Office
Allison Kennedy Fisher
Health Communications Specialist with CDC's National Center for Immunization and Respiratory Diseases
A New Campaign to Protect Babies from Whooping Cough: Resources for National Infant Immunization Week and Beyond

Jenny Mullen, MPH
Allison Kennedy Fisher, MPH

VIC Network Webinar
March 4, 2015
NATIONAL INFANT IMMUNIZATION WEEK (NIIW)
National Infant Immunization Week (NIIW)
April 18-25, 2015
NIIW - April 18-25, 2015

- Began in 1994
- Promotes immunization for children 2 years old or younger
- Celebrates immunization achievements
- Recognize partners and volunteers
- Revitalizes community level efforts
NIIW Objectives

- Educate parents and caregivers about the importance of vaccination
- Generate media interest in infant immunization
- Increase public awareness about importance of infant immunization
- Recognize partners/volunteers for their efforts in helping to immunize children and increase immunization rates
- Educate healthcare professionals
- Engage new partners and strengthen existing partnerships
- Re-energize or launch year-round immunization efforts
NIIW Website

http://www.cdc.gov/vaccines/events/niiw/index.html
Planning Tools

- Lay the foundation/needs assessment
- Plan activities
- Build successful partnerships
- Develop champions
- Evaluate
- Planning Templates
- State and local success stories

www.cdc.gov/vaccines/events/niiw/planning
Promotional Materials

- Media Tools
- Web and E-tools
- Print Products
- Event Signage

www.cdc.gov/vaccines/events/niiw/promotional
Educational Resources

Resources for Providers

Resources for the Public

www.cdc.gov/vaccines/events/niiw/ed-resources.html
Provider Resources for Vaccine Conversations with Parents

Making time to talk with parents about vaccines during the well-child visit may be challenging. Here’s some help: CDC, AAP, and AAFP created these materials to help you assess parents’ needs, identify the role they want to play in making decisions for their child’s health, and then communicate in ways that meet their needs. These resources are collectively called Provider Resources for Vaccine Conversations with Parents.

For You and Your Practice
Help strengthen communication between you and parents, and get information about:
* Talking to parents about vaccines
* Understanding vaccines and vaccine safety
* Vaccine-preventable diseases

To Share With Parents
Download and print these materials to help parents understand vaccine benefits and risks.
* If you choose not to vaccinate
* Vaccine-preventable disease fact sheets
* Childhood immunization schedules

www.cdc.gov/vaccines/conversations
More Materials on Pregnancy and Whooping Cough website

Pregnancy and Whooping Cough

For Pregnant Women

Whooping cough (pertussis) is a very contagious disease that can be deadly for babies. It is spread from person to person, usually by coughing or sneezing while in close contact with others. Learn how you can help protect your baby from whooping cough.

- Get Vaccinated While Pregnant
- Surround Babies with Protection
- Vaccinate Your Baby
- Deadly Disease for Babies
- Safety & Side Effects
- Vaccine Effectiveness

www.cdc.gov/pertussis/pregnant

For Healthcare Professionals

Pertussis is on the rise and outbreaks are happening across the United States. Learn more about providing the best prenatal care to prevent pertussis by strongly recommending Tdap to your patients during the third trimester of each pregnancy.

- Vaccinating Pregnant Patients
- Answering Patient Questions
- Making a Strong Referral
- Getting Reimbursed for Tdap Vaccination
- Rationale: Why Vaccinate Pregnant Women?
- Vaccine Safety
- Vaccine Effectiveness
Polling Question
BACKGROUND:
NEW MATERIALS AND RESOURCES
Pertussis (Whooping Cough) and Infants

- Pertussis is a contagious respiratory disease characterized by a severe cough that can last for weeks or months.

- Young infants are at greatest risk for getting pertussis and suffering from life-threatening complications.

- DTaP vaccine is recommended at 2, 4, 6, 15-18 months, and 4-6 years to prevent pertussis and reduce the severity of symptoms.

* Source: cdc.gov/pertussis
Pertussis Trends

- Despite high DTaP coverage, more than 28,000 U.S. cases reported in 2014,* including 7 deaths among infants less than 3 mo old
  - Multiple factors are contributing to the pertussis resurgence

- Current efforts focused on routine childhood and adolescent pertussis vaccine recommendations and protecting infants by vaccinating pregnant women

*2014 data are provisional and subject to change.
Source: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System
In 2012, Tdap administration was recommended during pregnancy to help protect babies until they start the DTaP series

- Ideal administration between 27 and 36 weeks gestation for best maternal antibody response and transfer of immunity to baby
- Recommended during each pregnancy regardless of Tdap vaccination history or pregnancy spacing

Uptake of Tdap during pregnancy, while likely increasing since the 2012 recommendation, is still low

* Source: cdc.gov/pertussis
FORMATIVE RESEARCH
Formative Research With Pregnant Women

- **Survey of pregnant women**
  - Online survey of U.S. women 18–45 years of age
  - 487 respondents were eligible and completed the survey
  - Data were collected in June/July of 2014

- **Focus groups with pregnant women**
  - 28 focus groups of pregnant women
    - High pertussis incidence (San Diego) and low pertussis incidence (Atlanta) locations
    - Segmented by parity and language (English and Spanish)
    - Mix of trimester, race/ethnicity, and socioeconomic background
  - Conducted in two rounds (June and September/October 2014)
Guiding Principles for Pregnant Women

- Levels of awareness of pertussis and perceived susceptibility to the disease are low among pregnant women.

- Pregnant women are primarily concerned with the health and safety of their baby when making decisions about vaccines during pregnancy.

- Pregnant women view their ob-gyn or midwife as the ultimate authority on pregnancy-related topics.
Awareness of Pertussis and Tdap

- Pertussis and Tdap knowledge and awareness were low in both English and Spanish-speaking focus groups.

- Focus group participants wanted a lot of information about both pertussis and the Tdap pregnancy recommendation.

- 60% of survey respondents said they had looked for information on Tdap vaccine.
Health and Safety of Baby

- Concern over the baby’s safety (50%) was the most common reason survey respondents were unsure if they would get Tdap during their current pregnancy.

- Protecting the baby was the strongest motivator for vaccination among focus group participants.

“The most valuable thing is that not only will you be immunized but your baby will be born already immunized too, until he receives his own vaccine.”
In 2012, there were over 48,000 cases of whooping cough reported in the United States.

Whooping cough is a serious disease that can cause babies to stop breathing.

About half of babies younger than 1 year old who get whooping cough are hospitalized.

Of babies younger than 1 year old who end up in the hospital with whooping cough, about 2 out of 100 of these babies will die.

Most whooping cough deaths are among babies younger than 3 months of age.

4 out of 5 babies who get whooping cough catch it from someone at home.

People can spread whooping cough to babies without even knowing they are sick because the illness can be mild for adults.

Messages that mentioned disease risk for baby were generally more likely to encourage undecided survey participants to accept Tdap vaccination.
Healthcare Professional’s Influence

- Survey respondents most often reported seeking Tdap information online (75%), from a healthcare professional (64%), or from friends (45%)

- A healthcare professional’s recommendation was the most common reason for accepting Tdap (69%) among survey participants

- Focus groups preferred “Talk to your doctor” over “get the vaccine” as a call to action for Tdap vaccination
Formative Research with Ob-Gyns

- **Survey of ob-gyns**
  - Online survey of 32,056 members of the American College of Obstetricians and Gynecologists (ACOG)
  - Respondents all offer prenatal care
  - Data were collected in February and March of 2014
  - 2,365 respondents completed the survey

- **In-depth interviews with ob-gyns**
  - 60-minute telephone interviews with ob-gyns nationally
  - Respondents all offer prenatal care
  - Interviews were conducted in May and June of 2014
    - 24 interviews in May
    - 16 interviews in June
Guiding Principles For Ob-Gyns

- Knowledge of the Tdap recommendation during pregnancy is high, but perception of individual risk for their patients (and their babies) is often low.

- Stocking Tdap is a barrier for some ob-gyns, often due to issues with reimbursement.

- The most common channels for sharing vaccine information with patients are face-to-face during the office visit and in handouts at the first prenatal appointment.
Nearly all survey respondents reported recommending Tdap to pregnant patients, with 77% administering the vaccine in their office.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Frequency (n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I recommend Tdap vaccine to my pregnant patients and vaccinate them in my office.</td>
<td>1,807</td>
<td>77.1%</td>
</tr>
<tr>
<td>I recommend Tdap vaccine to my pregnant patients but refer them elsewhere to receive the vaccine.</td>
<td>486</td>
<td>20.7%</td>
</tr>
<tr>
<td>I do not routinely discuss Tdap vaccine with my pregnant patients.</td>
<td>35</td>
<td>1.5%</td>
</tr>
<tr>
<td>I discuss Tdap vaccine with my pregnant patients but do not offer a recommendation for or against vaccination.</td>
<td>13</td>
<td>0.6%</td>
</tr>
<tr>
<td>I recommend against Tdap vaccine for my pregnant patients.</td>
<td>2</td>
<td>0.1%</td>
</tr>
</tbody>
</table>
Barriers to Stocking Tdap

- Concerns over reimbursement were a barrier to stocking vaccine for some interviewees.
- Most physicians interviewed who recommended but didn’t stock Tdap did not follow-up with patients later.
- Despite barriers, most interviewees felt that the obstetric provider was responsible for vaccinating pregnant women.

“I’ve got those patients, you know, on a regular basis. They're coming back every month, every couple of weeks whenever it is...so, I think since the obstetrician has certainly more opportunity and access to the patient that that's probably the best place to do it.”
Information Channels

- Most respondents (88%) use brochures or handouts to communicate with pregnant patients.
- Posters, patient websites, and training materials for staff were also listed as useful tools.
- Respondents turned to ACOG and CDC most often for vaccine information for themselves and their patients.
RESEARCH TO PRACTICE
Born with Protection Against Whooping Cough
A New Maternal Tdap Campaign

- Developed in collaboration with co-branding partners:
  - American Academy of Family Physicians
  - American Academy of Pediatrics
  - American College of Nurse-Midwives
  - American College of Obstetricians and Gynecologists

- Targets pregnant women and prenatal healthcare professionals

- English and Spanish language materials for women

- Based on formative research
Campaign Objectives

- **Pregnant women**
  - Increase awareness of the maternal Tdap recommendation
  - Encourage women to speak with their prenatal healthcare professional about Tdap vaccination

- **Ob-gyns and other prenatal healthcare professionals**
  - Strengthen recommendations for Tdap during pregnancy among pregnant women
  - Strengthen referrals for Tdap among pregnant women
For Pregnant Women
English Language Campaign

“The whooping cough vaccine I got during my 3rd trimester will help protect my baby starting at her first breath.”

Outbreaks of whooping cough are happening across the United States. This disease can cause your baby to have coughing fits, gasp for air, and turn blue from lack of oxygen. It can even be deadly. When you get the whooping cough vaccine (also called Tdap) during your third trimester, you’ll pass antibodies to your baby. These antibodies will last for the first few months of her life, when she is most vulnerable to serious disease and complications.

Talk to your doctor or midwife about the whooping cough vaccine.

www.cdc.gov/whoopingcough
For Pregnant Women
Spanish Language Campaign

Mamá tú siempre protegerás a tu pequeño milagro.

Empieza ahora con tu vacuna contra la tosferina.

La tosferina (whooping cough) puede enfermar a los bebés y provocarles ataques de tos y dificultad para respirar. Cuando se vacunan contra la tosferina durante el tercer trimestre de embarazo, le transmitirá a tu bebé los anticuerpos que lo protegerán de esta enfermedad desde su nacimiento. Estos anticuerpos durarán hasta que reciba su propia vacuna contra la tosferina, la cual solo se le puede aplicar cuando cumple 2 meses de edad.

Habla con tu médico o partera sobre la vacuna contra la tosferina (también conocida como la vacuna DPT o Tdap, en inglés).

 Haz que tu bebé nazca protegido contra la tosferina.
www.cdc.gov/espanol/tosferina
Factsheets for Healthcare Professionals

Provide the best prenatal care to prevent pertussis

Strategies for healthcare professionals

5 Facts about Tdap and Pregnancy

1. Tdap during pregnancy provides the best protection for mother and infant.
   - Recommend and administer or refer your patients to receive Tdap during every pregnancy.
   - Optimal timing is between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.
   - Fever babies will be hospitalized and die from pertussis when Tdap is given during pregnancy rather than during the postpartum period.

2. Postpartum Tdap administration is NOT optimal.
   - Postpartum Tdap administration does not provide immunity to the infant, who is most vulnerable to the disease's serious complications.
   - Infants remain at risk of contracting pertussis from others, including siblings, grandparents, and other caregivers.
   - It takes about 2 weeks after Tdap receipt for the mother to have protection against pertussis, which the mother is still at risk for catching and spreading the disease to her newborn during this time.

3. Counseling alone may not be effective and is hard to implement.
   - The term "cocooning" means vaccinating anyone who comes in close contact with an infant.
   - It is difficult and can be costly to make sure that everyone who is around an infant is vaccinated.

4. Tdap should NOT be offered as part of routine preconception care.
   - Protection from pertussis vaccines does not last as long as vaccine uptake increases, so Tdap is recommended during pregnancy in order to provide optimal protection to the infant.
   - If Tdap is administered at a preconception visit, it should be administered again during pregnancy between 27 and 36 weeks gestation.

5. Tdap can be safely administered earlier in pregnancy if needed.
   - Pregnant women should receive Tdap anytime during pregnancy if it is indicated for wound care or during a community pertussis outbreak.
   - If Tdap is administered earlier in pregnancy, it should not be repeated between 27 and 36 weeks gestation; only one dose is recommended during each pregnancy.

Strongly recommend Tdap to your patients during the 3rd trimester of each pregnancy.

Resources about Tdap and Pregnancy for Healthcare Professionals

Get Reimbursed for Tdap Vaccination

Coding and billing are known barriers to administering vaccines during pregnancy. Correct coding enables an office to report these activities to third-party payors and receive appropriate reimbursement for these services.

- ACOG’s Tdap Toolkit provides coding and billing information for Tdap: www.acog.org/TdapToolkit

Get Vaccine Referral Tips

Not all clinicians are able to stock and administer Tdap or influenza vaccines in their office.

- Making a Strong Vaccine Referral to Pregnant Women fact sheet offers tips to increase patient follow through for referrals:
  www.cdc.gov/pertussis/pregnant/hxp

Read the Current Recommendations

Advisory Committee on Immunization Practices: www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm
American College of Obstetricians and Gynecologists: www.acog.org/ObstetricCommitteeOpinion
American College of Nurse-Midwives: http://www.midwife.org/Immunization-In-Pregnancy-and-Postpartum

Stay up to date on the studies that support the safe and effective use of the Tdap vaccine in pregnant women at www.cdc.gov/pertussis/pregnant/research.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/whoopingcough

Get Free Materials for Your Patients

The following resources help explain the importance of and health benefits behind the Tdap recommendation. They are free to download and ready for color or black and white printing and reproduction. English and Spanish language versions are available.

Posters/Print Ads

- "Helping Keep Baby Safe" newborn poster:
  - English
  - Spanish

Q&A Fact Sheet

- You can start protecting your baby from whooping cough enough before birth.

Informational Article for Patient Newsletters and Websites

Record High Cases of Whooping Cough: Vaccines to Protect
Making a strong vaccine referral to pregnant women

Strategies for healthcare professionals

Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine’s importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at http://vaccine.healthmap.org.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, less important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Vaccines Routinely Recommended for Pregnant Women

Vaccines are safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transiently transferred to her unborn baby. Third trimester administration compromises neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

Timing the Referral

Vaccines recommended for pregnant women should be discussed with patients early in pregnancy, with the formal referral made during the recommended timeframe for administration.

- Flu vaccine: Your referral should be made as early as possible once pregnancy is confirmed. Pregnant women can be vaccinated during any trimester, keeping in mind that flu vaccine is typically available August to May, covering the duration of flu season.
- Tdap vaccine: Your recommendation and referral should be made as close to 27 weeks as possible so there is ample time during the recommendation window (between 27 and 36 weeks) to follow up and re-emphasize the importance of getting the Tdap vaccine, if the patient has not received it yet.

You may find linking the timing of the Tdap referral with another third trimester practice beneficial. Many clinicians have been successful parking their Tdap referral with the glucose test conducted at 28 weeks.

Follow-Up after Referral

After every referral, you should follow up with each patient during subsequent appointments to ensure the patient received the vaccine(s). It may be helpful to include a reminder in your electronic medical records (EMR).

As part of the follow-up, document vaccine receipt in each patient’s medical record. If your patient did not follow through with the referral, repeat the recommendation and referral and try to identify and address any questions or concerns that she may have encountered. Your commitment to making a strong referral and following up with patients is vital to increasing vaccination rates among pregnant women and protecting them and their babies from serious diseases.
Fact Sheets for Pregnant Women

- Summary paragraph
- Focus on benefit to baby
- Safety (top concern) is addressed early
- Information to raise awareness that whooping cough is a concern today
Call-out box on cocooning

True story (Spanish-language only)

Links for more information

Call to action

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby’s father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called “cocooning.” However, cocooning might not be enough to protect your baby from whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby is vaccinated. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

La historia real de tosferina de una familia

La hija de Katie y Craig, Callie, cuando tenía solo un poco más de un mes de edad contrae una tos suave y seca. En los días siguientes, la condición de Callie empeoró. Siguió tosiendo, se puso pálida, no se movía mucho y de repente perdió su saludable apetito. Cuando Callie dejó de respirar, la trasladaron rápidamente al hospital en una ambulancia. Médicos pudieron resucitarla pero la próxima vez que dejó de respirar, no pudieron salvarla. Unos pocos días después, la familia supo que Callie había fallecido a causa de la tosferina. “No podíamos creerlo. Éramos muy cuidadosos de no exponerla a muchas personas”, dice Katie. Con tan solo 5 semanas de edad, Callie era muy pequeña para recibir la vacuna contra la tosferina. A partir de 2012, se recomienda a las mujeres embarazadas recibir la vacuna contra la tosferina, llamada Tdap, en el tercer trimestre de su

Ask your doctor or midwife about getting the whooping cough vaccine during your 3rd trimester.
Whooping cough (pertussis) is a very contagious disease that can be deadly for babies. It is spread from person to person, usually by coughing or sneezing while in close contact with others. Learn how you can help protect your baby from whooping cough.

- Get Vaccinated While Pregnant
- Surround Babies with Protection
- Vaccinate Your Baby
- Deadly Disease for Babies
- Safety & Side Effects
- Vaccine Effectiveness

Pertussis is on the rise and outbreaks are happening across the United States. Learn more about providing the best prenatal care to prevent pertussis by strongly recommending Tdap to your patients during the third trimester of each pregnancy.

- Vaccinating Pregnant Patients
- Answering Patient Questions
- Making a Strong Referral
- Getting Reimbursed for Tdap Vaccination
- Rationale: Why Vaccinate Pregnant Women?
- Vaccine Safety
- Vaccine Effectiveness

www.cdc.gov/pertussis/pregnant
Information for Pregnant Women

GET THE WHOOPING COUGH VACCINE WHILE YOU ARE PREGNANT
You can give your baby some short-term protection in early life when he is most vulnerable.

SURROUND BABIES WITH PROTECTION
You can provide indirect protection to your baby by making sure everyone who is around him is up-to-date with their whooping cough vaccine.

YOUR BABY NEEDS WHOOPING COUGH VACCINES ON TIME
You can help your baby start building her own protection against whooping cough by getting her vaccine on time.
Making a Strong Referral

Stocking and administering the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine in office may not be feasible for all prenatal healthcare professionals. For vaccines you don’t stock, it is still critical to make the recommendation and then refer your patient to another immunization provider. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended vaccine(s) even if you are unable to administer them yourself.

Here are a few quick tips to help increase the likelihood that your pregnant patients follow through on your vaccine referral:

1. Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and how it is safe for mother and infant.
2. Provide specific information on where patients can get the vaccines you recommend—examples may include a nearby pharmacy or your patient’s primary care provider.
3. Always write a patient-specific prescription in case it is required.
4. Anticipate and be prepared to answer questions on why patients cannot get vaccinated in your office.
5. Emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important.
Additional Website Information

Research

Stay up to date on studies that support the safe and effective use of the Tdap vaccine in pregnant women and other strategies to prevent whooping cough in babies.

Materials

Listen to, watch, or download free whooping cough materials, including resources to promote the whooping cough vaccine recommendation for pregnant women, infants and children, preteens and teens, and adults. Materials may be printed on a standard office printer or sent to a commercial printer.
Get Involved with NIIW!

- **GIVE STRONG RECOMMENDATIONS** for on time childhood immunization and for whooping cough vaccine (Tdap) in the 3rd trimester of each pregnancy

- **DOWNLOAD and DISTRIBUTE** Provider Resources to healthcare professionals and parents
  
  www.cdc.gov/vaccines/conversations

- **ASK HEALTHCARE PROFESSIONALS** to include Born with Protection campaign materials in prenatal information packets
  
  www.cdc.gov/pertussis/materials/index.html

- **TELL** pregnant women to ask their doctor or midwife about whooping cough vaccine
More Ways to Get Involved!

- ALERT prenatal healthcare professionals that whooping cough outbreaks are happening across the U.S.

- RAISE AWARENESS among prenatal healthcare professionals that:
  - Postpartum Tdap administration is NOT optimal
  - Cocooning alone may not be effective and is hard to implement

- PROMOTE CDC vaccine websites and materials through your social media channels
  - www.cdc.gov/vaccines/parents
  - www.cdc.gov/pertussis/pregnant

- DIRECT pregnant women to CDC information about Tdap during pregnancy
  - www.cdc.gov/pertussis/pregnant
More Ways to Get Involved (2)!

- **PLACE** radio and TV PSAs locally
  
  http://www.cdc.gov/vaccines/events/niiw/web-etools.html?tab=2#TabbedPanels1

- **PUBLISH** print ads and drop-in articles in your parent publications(s)
  
  http://www.cdc.gov/vaccines/events/niiw/media-tools.html

- **REGISTER** your NIIW event
  
  http://www.cdc.gov/vaccines/events/niiw/activities.html

- **CONTINUE** efforts after NIIW. Resources can be used year-round!

- **COLLABORATE** with us to expand the campaign’s reach

  Jenny Mullen: jjk7@cdc.gov
Acknowledgements

American Academy of Family Physicians
American Academy of Pediatrics
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
ORAU
Westat
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Telephone: 404-639-5223
E-mail: jjk7@cdc.gov
Websites: http://www.cdc.gov/pertussis/pregnant
http://www.cdc.gov/vaccines/events/niiw/index.html

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Polling Question
Q & A Session
Please Complete Online Evaluation!
Connect with the VICNetwork…

e-mail: info@VICnetwork.org

Website
www.VICNetwork.org
Resources

Centers for Disease Control and Prevention
www.cdc.gov/vaccines

National Public Health Information Coalition
www.nphic.org
Thank you for your support and your participation!

National Public Health Information Coalition  
www.nphic.org

California Immunization Coalition  
www.immunizeca.org
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