

ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis

Date of ACIP vote: February 23, 2011

Date of posting of provisional recommendations: April 4, 2011

Scheduled date of publication of recommendations in CDC Morbidity and Mortality Weekly Report: fall 2011 (Immunization of Healthcare Personnel) and 2012 (full pertussis-containing vaccines recommendations)

On February 23, 2011 the ACIP approved revised recommendations for healthcare personnel on use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) and use of postexposure antimicrobial prophylaxis. Revised recommendations on use of Tdap in healthcare personnel incorporate the changes made by ACIP at the October 2010 meeting and support direct language to remove barriers to facilitate the uptake of Tdap.

Use of Tdap in healthcare personnel:

- The ACIP recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose.
- Tdap is not currently licensed for multiple administrations. After receipt of Tdap, HCP should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines.
- Hospitals^{¶¶} and ambulatory-care facilities should provide Tdap for HCP and use approaches that maximize vaccination rates (e.g., education about the benefits of vaccination, convenient access, and the provision of Tdap at no charge).

Postexposure antimicrobial prophylaxis in healthcare personnel:

- Healthcare facilities should maximize efforts to prevent transmission of *Bordetella pertussis*. Respiratory precautions should be taken to prevent unprotected exposure to pertussis.
- Data on the need for postexposure antimicrobial prophylaxis in Tdap-vaccinated HCP are inconclusive. Some vaccinated HCP are still at risk for *B. pertussis*. Tdap may not preclude the need for postexposure antimicrobial prophylaxis.
- Postexposure antimicrobial prophylaxis is recommend for all HCP who have unprotected exposure to pertussis and are likely to expose a patient at risk for severe pertussis (e.g., hospitalized neonates and pregnant women). Other HCP should either receive postexposure antimicrobial prophylaxis or be monitored daily for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis.

^{¶¶} Hospitals, as defined by the Joint Commission on Accreditation of Healthcare Organizations, do not include long-term-care facilities such as nursing homes, skilled-nursing facilities, or rehabilitation and convalescent care facilities. Ambulatory-care settings include all outpatient and walk-in facilities.

This document available at: <http://www.cdc.gov/vaccines/recs/provisional/default.htm>