

## **Guidelines for Local Health Departments (LHDs) on the use of State General Fund (SGF) Tdap Vaccine**

### **Eligible Patients**

This supply of Tdap vaccine (Adacel®, single dose vials) is for pregnant women who have not yet been immunized during their current pregnancy.

### **Eligible Sites and General Requirements**

LHD staff will ensure that eligible sites must have a(n):

1. Written protocol for immunizing pregnant women with Tdap vaccine (included in provider agreement).
2. On-site clinical staff experienced in administering vaccine to adults.
3. Currently offers prenatal care to pregnant women.
3. Plan for continuing to offer and bill for Tdap vaccine when state-purchased doses are no longer available. After the initial order, subsequent orders should only be offered to providers who purchase an equivalent amount of Tdap vaccine.
4. Acceptable refrigerator-only units for the storage of vaccine that meet the [Immunization Branch Vaccine Storage Equipment Requirement](#) and a signed agreement to store, handle and administer vaccine according to CDPH Immunization Branch guidelines. (See 2017 SGF Tdap MOU)
5. Staff person designated as clinic liaison to the health department who can answer questions about the clinic's experience with SGF Tdap doses
6. Agreement to report at each LHD check-in the number of Tdap doses administered and current vaccine inventory to the Branch using CAIR (required if a CAIR user), EMR, or paper report form.

In the selection of sites, LHDs should give special consideration to sites that:

1. Administer at least one other immunization onsite
2. Report the greatest number of Medi-Cal prenatal patients in the 3<sup>rd</sup> trimester
3. See a large volume of pregnant women in their 3<sup>rd</sup> trimester in comparison to other prenatal clinics in your jurisdiction.

### **Evaluation**

LHD staff must complete baseline information before providers sign the MOU (2017 SGF Tdap MOU). LHD staff are expected to follow up with clinics 1 month, 3 months (if 2<sup>nd</sup> order has not been placed yet) and 6 months after placing the initial order. Follow up can focus on experience with billing, barriers to implementation, and any other information the clinic would like to share. At the end of six month follow-up period for each provider, please plan to submit the completed questionnaires to CDPH.

### **Vaccine Requests**

LHDs may request shipping to the LHD or directly to the selected prenatal clinic. LHDs should submit requests to Nisha Gandhi at [Nisha.Gandhi@cdph.ca.gov](mailto:Nisha.Gandhi@cdph.ca.gov). Please copy (CC) Immunization Branch Senior Field Representatives on every request. Information included in the request: county name, county contact person, PIN for shipment, and number of doses. If this vaccine will be shipped directly to a provider, please include provider name and address. NOTE: While we are allowing LHDs to share SGF Tdap vaccine with all types of providers, the Immunization Branch can only ship to local government or nonprofit sites directly.

All requests will be reviewed, and LHDs will be notified which sites have been approved and the number of doses that will be shipped. CDPH will send notifications via email to Immunization Coordinators.

**Vaccine Accountability**

All doses can be entered into CAIR or local immunization registry or electronic health record. A paper log is available for providers as well. Expired doses should be returned to the local health department.

Basic Information the LHD Needs to begin to Assess Site Candidacy for State Tdap

*The following section is meant to guide you in determining which clinics you believe are good candidates for SGF Tdap vaccine. This information is for your planning purposes only.*

Clinic Name: \_\_\_\_\_

County: \_\_\_\_\_

Clinic PIN (if exists): \_\_\_\_\_

Designated Point Person at clinic: \_\_\_\_\_

Number of doses requested (**limit is 100 Tdap doses/site**): \_\_\_\_\_

a. Number of women in 3<sup>rd</sup> trimester that the clinic sees per month:

\_\_\_\_\_

b. Percent of women in (a) that are Medi-Cal beneficiaries:

\_\_\_\_\_