Considerations for a Second Tdap for the General Population

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WG Considerations for
Not Recommending a Second Tdap

❑ **Recognition of increasing burden of pertussis**

❑ **Second Tdap is safe and immunogenic**

❑ **Protection wanes in few years after Tdap**

❑ **Model suggests with second Tdap, reduction of disease burden would be limited**
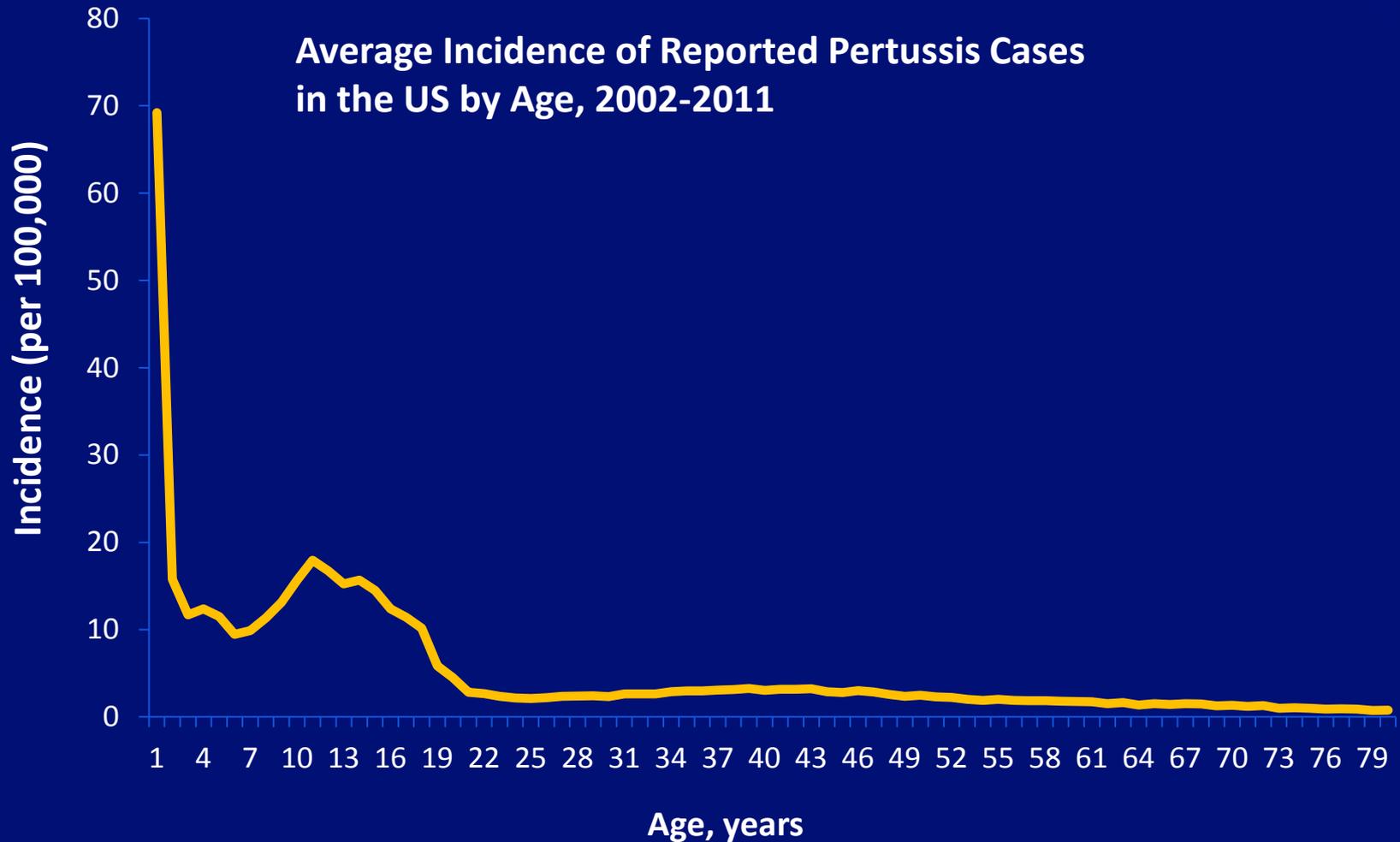
Burden of Pertussis Has Been Increasing

Reported NNDSS Pertussis Cases: 1990-2012*

*2012 data are provisional as of June 1, 2013. Final data are expected August 2013.
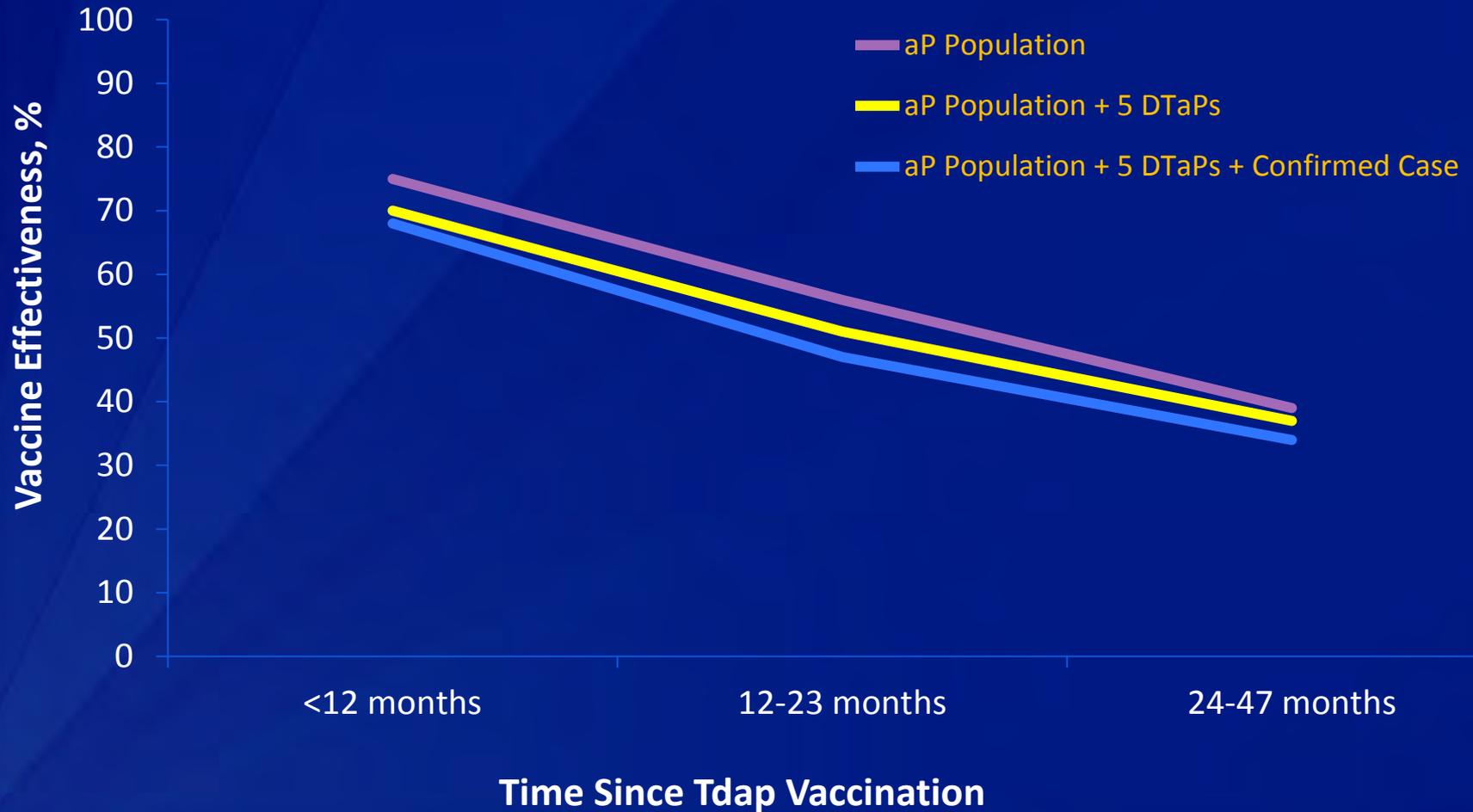
Burden of Pertussis Changes with Age

Average Incidence of Reported Pertussis Cases in the US by Age, 2002-2011

Tdap Vaccines Are Safe and Immunogenic

- ❑ **Clinical trials support safety of 5- and 10-year intervals**

- ❑ **Immune response to second Tdap similar but not greater than to first Tdap**

- ❑ **Diphtheria and tetanus protection would persist for 5 to 10 years post-Tdap**

- ❑ **Pertussis antibodies decline rapidly after first year, suggesting protection wanes**

Pertussis Protection From Tdap Wanes in Few Years

Model suggests with second Tdap, reduction of disease burden would be limited

❑ **Cost effectiveness improves if assume underreporting**

❑ **Proportion of cases prevented small**
   ▪ Baseline conditions: 3.0-5.1%
   ▪ Favorable conditions: 4.6-9.7%

Work Group Conclusions

❑ **Data do not support recommendation for second Tdap in general population**

❑ **Work Group in agreement**
- No change to current Tdap recommendation
- Focus on preventing pertussis in infants
  - Pregnant women receive Tdap during each pregnancy

❑ **Universal recommendation for second Tdap not favored but willing to consider revaccination of "at risk" populations**
- Anticipates limited impact on overall disease burden

For ACIP's Consideration

❑ **ACIP feedback to not recommend universal second Tdap**

❑ **Should the WG consider additional Tdap for "at risk" populations?**

❑ **Who should be included in "at risk" populations?**

DISCUSSION