SDC 1 – Degree of agreement with the introduction of cocooning.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Complete agree** | **Partial agree** | **Partial disagree** | **Complete disagree** | **I don’t know**  | **No answer** |
|  | N (%) | N (%) | N (%) | N (%) | N (%) | N (%) |
| Section 1 |
| Q.1 - Pertussis is a still common disease in Italy, particularly in adolescent and adults | 57 (53.77) | 28 (26.42) | 7 (6.60) | 6 (5.66) | 3 (2.83) | 5 (4.72) |
| Q.2 - The incidence of Pertussis in Italy is largely underestimated | 83 (78.30) | 12 (11.32) | 2 (1.89) | 3 (2.83) | - | 6 (5.66) |
| Q.3 - Pertussis in infants can be fatal and requires hospitalization in the majority of cases | 81 (76.42) | 13 (12.26) | 6 (5.66) | 2 (1.89) | - | 4 (3.77) |
| Q.4 - Hundreds of children <1 year are hospitalized for pertussis in Italy every year | 53 (50.00) | 15 (14.15) | 7 (6.60) | 5 (4.72) | 20 (18.87) | 6 (5.66) |
| Q.5 - Parents are the primary source of infection in unprotected infants | 71 (66.98) | 20 (18.9) | 3 (2.83) | 2 (1.89) | 4 (3.77) | 6 (5.66) |
| Section 2 |
| Q.6 - Cocooning is the most efficacious strategy to protect newborns against pertussis | 81 (76.42) | 14 (13.21) | 1 (0.94) | 1 (0.94) | 1 (0.94) | 8 (7.55) |
| Q.7 - Cocoon strategy is recommended in several Countries such as USA, Belgium, France and Germany. Tdap vaccination in adults is advised by the Italian Society of Hygiene, Preventive Medicine and Public Health  | 77 (72.64) | 15 (14.15) | 4 (3.77) | 1 (0.94) | 1 (0.94) | 8 (7.55) |
| Q.8 - The introduction of cocoon could improve the vaccination coverage for Tdap in adults | 77 (72.64) | 12 (11.32) | 4 (3.77) | 3 (2.83) | 1 (0.94) | 9 (8.49) |
| Q.9 - The strategy appears cost-effective and cost-saving even if only parents are immunized | 59 (55.66) | 23 (21.70) | 3 (2.83) | 2 (1.89) | 9 (8.49) | 10 (9.43) |
| Q.10 - National Health Service should offer Tdap vaccination free of charge to the future parents  | 88 (83.02) | 3 (2.83) | 3 (2.83) | 2 (1.89) | - | 10 (9.43) |
| Section 3  |
| Q.11 - LHU Prevention Departments should promote and coordinate locally the cocoon strategy | 80 (75.47) | 12 (11.32) | 4 (3.77) | 1 (0.94) | - | 9 (8.49) |
| Q.12 - LHU Vaccination Services should administer Tdap to close contacts of newborns | 75 (70.75) | 19 (17.92) | 2 (1.89) | 1 (0.94) | - | 9 (8.49) |
| Q.13 - General Practitioners and Family Paediatricians play a central role in promoting cocooning  | 80 (75.47) | 12 (11.32) | 3 (2.83) | 1 (0.94) | - | 10 (9.43) |
| Q.14 - Tdap vaccination should be offered first to parents and afterwards to close contacts  | 47 (44.34) | 40 (37.74) | 5 (4.72) | 4 (3.77) | - | 10 (9.43) |
| Q.15 - It is not possible to define a single cocoon strategy at a national level | 63 (59.43) | 19 (17.92) | 9 (8.49) | 4 (3.77) | - | 11 (10.38) |
| Q.16 - Tdap should be offered to parents by Family Paediatricians at the first visit of newborns and by Vaccination Health Care Workers at the first appointment for primary vaccination cycle | 70 (66.04) | 20 (18.87) | 5 (4.72) | 3 (2.83) | - | 8 (7.55) |