

Dear Colleague

PERTUSSIS (WHOOPING COUGH) VACCINATION FOR PREGNANT WOMEN – LOWER GESTATIONAL AGE BEING INTRODUCED

1. We are writing to inform you of a change to the pertussis vaccination programme for pregnant women. This change reflects guidance from the Joint Committee on Vaccination and Immunisation (JCVI) that **immunisation can take place from week 16 of pregnancy onwards.**

Incidence of Whooping Cough (Pertussis)

2. The incidence of pertussis increased dramatically in 2012 and has remained well above historical levels since then. In 2012, the overall incidence of whooping cough (pertussis) was 36.9 per 100,000 population (1926 cases). However, the rate in infants less than one year was 235.7 per 100,000 population (140 cases). In response to the increase in pertussis and in order to protect young infants in the first few weeks of life before they are old enough to start the routine childhood immunisation programme at eight weeks, a vaccination programme was introduced in October 2012 to offer pertussis vaccination to all pregnant women between 28 and 38 weeks gestation (inclusive). After the vaccine programme commenced, the incidence rate for pertussis in infants <1 years decreased from 235.7 per 100,000 population in 2012 to 32.0 per 100,000 population (19 cases) in 2013, and 33.7 per 100,000 (20 cases) in 2014. This equates to an 85% reduction in this susceptible cohort and reflects the effectiveness of the maternal vaccination programme.

3. However, although laboratory reports of pertussis are lower than during 2012 and 2013, they are higher than the historical trends in 2010 and 2011, showing that pertussis is continuing to circulate in the community. **As pertussis continues to circulate in Scotland well above historical levels, immunisation of pregnant women continues to be important.**

Action

4. Pregnant women should be offered a single 0.5ml dose of dTaP/IPV vaccine. Vaccine should be offered to women in every pregnancy. Vaccination should be offered between gestational weeks 16 and 32 to maximise the likelihood that the baby will be protected from birth. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may, however, directly protect the mother against disease and thereby reduce the risk of exposure to her infant.

**From the Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**

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For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Consultants in Dental Public Health
Dental Lead Officers
Health Protection Scotland
Chief Executive, NHS Health Scotland
NHS 24
Health Visitors
Scottish General Practitioners Committee

Further Enquiries

Policy Issues

Annette Stuart
annette.stuart@gov.scot

Medical Issues

Dr Nicola Steedman
nicola.steedman@gov.scot

Pharmaceutical and Vaccine Supply

William Malcolm
Health Protection Scotland
w.malcolm@nhs.net

5. This change is in accordance with the JCVI advice and the Green Book Chapter on Pertussis. The Green Book can be viewed at the following link:
<https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24> **This change offers more opportunities for pregnant women to be offered the pertussis vaccine during pregnancy.**

The rationale

6. The JCVI advice considered a published paper¹ showing that maternal immunisation earlier in pregnancy (ie the 2nd trimester) maximises antibody transfer to the infant. It recognised that it should also help ensure protection for babies who may be delivered early. This is particularly important as premature infants are over represented in cases of whooping cough occurring at this time.

Timing

7. The new arrangement came into effect from 1 April 2016. The Directed Enhanced Service (DES) and the Patient Group Directive (PGD) have been updated to reflect the change.
<http://www.hps.scot.nhs.uk/immvax/publicationsdetail.aspx?id=58191>. GPs will be able to claim for any vaccinations administered from that date onwards.

Vaccination Arrangements and Vaccine Supply

8. The pertussis programme should continue to be offered/delivered (in most cases) through General Practice. Midwives should ensure that pregnant women are informed of the programme and advised to contact their GP surgery to arrange to be vaccinated. **Vaccination against pertussis can be given at the same time as vaccination against influenza which is recommended for pregnant women during the winter months.**

9. There may be a small rise in the number in eligible women at first but this will not impact on vaccine supply and sufficient stocks of Boostrix®-IPV are available. This should be ordered in the normal way from NHS Board vaccine holding centres.

Public Facing Information Materials

10. An updated information leaflet and poster aimed at pregnant women will be made available to NHS Boards from the beginning of May. Further supplies of these materials will be available to order from: nhshealthscotland-publications@nhs.net.

11. In the meantime, the information online at <http://www.immunisationscotland.org.uk/vaccines-and-diseases/whooping-cough.aspx> will be updated for pregnant women.

Training Materials

12. Resources for registered health practitioners will be updated and available on the NHS Education for Scotland website.
[http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/vaccination-against-pertussis-\(whooping-cough\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/vaccination-against-pertussis-(whooping-cough).aspx)

Uptake Rates

13. Pertussis continues to circulate in Scotland therefore the immunisation of pregnant women continues to be important. Uptake rates among pregnant women in Scotland remain high with an average across calendar year 2015 of 62%. Every effort should be made by medical practitioners, midwives and others to encourage pregnant women to take up the offer of the pertussis vaccination.

¹ Christiane S. Eberhardt, Geraldine Blanchard-Rohner, Barbara Lemaître, Meriem Boukrid, Christophe Combescure, Véronique Othenin-Girard, Antonina Chilin, Jean Petre, Begoña Martínez de Tejada, Claire-Anne Siegrist
Maternal Immunization Earlier in Pregnancy Maximizes Antibody Transfer and Expected Infant Seropositivity Against Pertussis
Clin Infect Dis. (2016) 62 (7): 829-836 first published online January 20, 2016 doi:10.1093/cid/ciw027
<http://cid.oxfordjournals.org/content/62/7/829.full.pdf+html>

14. We would like to take the opportunity of thanking you and your staff for continuing to promote and deliver this important vaccination programme.

Yours sincerely

Dr Catherine Calderwood
Chief Medical Officer

Professor Fiona McQueen
Chief Nursing Officer

Dr Rose Marie Parr
Chief Pharmaceutical Officer