Pertussis vaccination for pregnant women 2012/13

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Why are pregnant women being vaccinated?

The temporary programme to vaccinate pregnant women will officially begin on October 15th for 6 months in the first instance (until 15th April 2013); it may be extended depending on the epidemiology. The CMO’s advice is that opportunistic vaccination should, however, start as soon as possible. This temporary programme has been introduced because of the pertussis outbreak in the UK which started around mid 2011. Although there have been no deaths in Scotland, there have been 10 deaths so far in 2012 in young babies (<3 months) in England & Wales.

Infants who have not been vaccinated against pertussis are at greatest risk of morbidity and mortality; in the main, these are infants too young to receive the first primary immunisation given at 8 weeks or, in some cases, infants who miss their first dose. The JCVI has recommended vaccinating women in late pregnancy to allow transfer of pertussis-specific antibodies from mother to baby and so protect young babies in the months before their first primary immunisation.

In NHSGGC, the programme is to be implemented mainly by primary care, with support from midwifery services, and will target women between 28-38 weeks but ideally 28-32 weeks of pregnancy.

Questions and Answers

Q1: How is this vaccination programme being delivered?
A1: Primary Care will implement the programme of vaccination. Midwives will direct pregnant women to their GPs when they attend antenatal and foetal scanning clinics, and will also vaccinate women who are inpatients and unlikely to see their GP before delivery

Q2: What pertussis-containing vaccine should be used and how many doses?
A2: A single dose of Repevax® should be administered under the new Repevax PGD specifically for this programme

Q3: Infanrix - IPV® contains pertussis antigen why can’t it be used?
A3: Repevax contains a low dose of diphtheria toxoid whereas Infanrix-IPV® contains diphtheria toxoid in a dose higher than recommended for this age group, so only Repevax® should be used

Q4: When should the vaccine be given to pregnant women?
A4: Ideally between 28-32 weeks of pregnancy but it can be given any time up to the time of delivery

Q5: Can it be given with the flu vaccine?
A5: Yes, but the flu vaccine should not be postponed until the woman is 28 weeks pregnant as women need protection against flu for the full duration of pregnancy.

Q6: What if the woman missed the vaccine in pregnancy, can she be given it after the baby is born?
A6: Yes, and at any time up until the baby’s first vaccination, but only if she has never received pertussis vaccination in the past

Q7: How do practices order Repevax® for this programme?
A7: Practices should order from the PDC (fax an order on headed notepaper or pre-printed order form specifying it is for pregnant women) and NOT from community pharmacies. They should order only the minimum required and not hold stock in excess of 2 weeks’ supply. To conserve stocks, large orders (>20) are likely to be capped unless uptake is assured

Q8: What if the patient has had whooping cough in the past, does she need to be vaccinated?
A8: Yes. A previous history of whooping cough does not confer life-long immunity

Q9: How do GPs claim payment for vaccination?
A9: In the same way as for flu vaccination - see recent PCA Circular for details

Q10: Is there any education material available for HCWs?
A10: Yes, it’s accessible online

Q11: Any information for pregnant women?
A11: Yes, leaflets and posters are being distributed to all GP practices and a Q&A is online

Q12: Will uptake of the vaccine be monitored?
A12: Yes, GP practices will be required to provide immunisation data to the Health Board
How to identify eligible pregnant women via SCI gateway

Identifying pregnant women from GP patient systems can be challenging for 2 reasons; their status on the system is transient and some women directly access community midwifery units. Some women may be Read-Coded on the GP system as pregnant when they no longer are, or are not coded as pregnant when they should be. The most reliable way for practices to identify female patients referred to maternity units is to use the Stand Alone version of SCI Gateway (see the process below). The identification and call of pregnant women between 28-32 weeks needs to be carried out on a continuous basis until the end of the vaccination programme due to the transient status of the cohort on the system. Public Health will continue to work with midwifery colleagues promoting the vaccine and signposting pregnant women to GPs.

1. Log into the Stand Alone version of SCI Gateway i.e. not via a patient’s record
2. Select “Messages” then “Referrals” from the left-hand menu

Selecting referrals

Search for referrals

From: 21-Sep-2009
To: 21-Oct-2009

Patient surname contains:

Patient forename contains:

G number begins:

UCN begins:

Search

Date Patient From To Status
24-10-2009 Test, Test 0141 0013 46019 Test Test Glasgow Royal Infirmary General Surgery (GRC General Referral) Submitted
24-10-2009 Testing, Testing 0141 0013 46019 Test Test Glasgow Royal Infirmary General Surgery (GRC General Referral) Submitted
23-10-2009 Marie, Marie 0141 0013 6178 Marie, Marie Glasgow Royal Infirmary General Surgery (GRC General Referral) Submitted
12-10-2009 Marie, Marie 0141 0013 6178 Marie, Marie Glasgow Royal Infirmary General Surgery (GRC General Referral) Submitted

3. To search for a date range, specify a start and/or an end date, click on one of the calendar boxes. The first box is for the start/from date, the second box for the to/end date. When you click on one of the boxes, a calendar is displayed.
4. Select the date you wish by choosing the month and year at the top, then clicking on the day.
5. Once you have selected a start and/or end date, click Search. The work list will be displayed filtered by the date range you specified.
6. Once the date range has been set you need to find a patient who has been referred to the hospital and specialty you wish to filter on e.g. “Princess Royal Maternity” and “Maternity”
7. To filter the work list, click on the symbol beside the field value that you wish to filter on.
8. To filter for all pregnant women you may need to do several searches - one for each maternity hospital.
9. The image above has the appropriate symbol highlighted for a General Surgery referral to Glasgow Royal Infirmary as an example

Recording the vaccination

Louise McTaggart from the Mentoring Team will issue guidance along with an EMIS template and Vision guideline on how to record Repevax® vaccinations given.

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4933 or at marie.laurie@ggc.scot.nhs.uk