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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Specification for a Local Enhanced Service to Administer Pertussis Vaccination (as per current PGD) to Pregnant Women from 16 weeks Gestation

## 1. Introduction

All practices are expected to provide the essential and additional services they are contracted to provide to all their patients. This specification outlines a more specialised service to be provided. The specification of this service is designed to cover enhanced aspects of clinical care of the patient, that go beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

A Welsh Government CMO Letter dated 28 September 2012 advises all Local Health Boards of the need for an urgent, temporary national programme to vaccinate women in pregnancy against pertussis, with the aim of providing passive antibody protection to their newborn in the first few months of life.

Clinical guidance is updated on a regular basis – up to date information / resources may be found the following Public Health Wales webpage: [Pertussis Vaccination in Pregnancy \(http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=52934\)](http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=52934)

## 2. Background

The UK is currently experiencing the highest level of pertussis infection for over 10 years. Newborn infants are at a significantly increased risk of complications from pertussis infection including death. Passive protection with maternal antibody can provide protection against infection until infant immunisation begins at 8 weeks of age. The Joint Committee for Immunisation and Vaccination (JCVI) has recommended this programme, and advises that vaccination in pregnancy in the interests of the newborn.

## 3. Aim

The aim of this LES is to prevent cases and deaths due to pertussis in infants in the period before they can receive routine childhood vaccination by ensuring that an appropriate pertussis vaccination (please refer to current PGD) is offered to all eligible pregnant women from 16 weeks gestation, A single dose of dTaP/IPV should ideally be administered between 16 weeks and 32 weeks of pregnancy to maximise the likelihood that the baby will be protected from birth, or else before 38 weeks to ensure antibody response and placental transfer before birth, but may be given later if unavoidable. Vaccination may also be offered to new mothers who have never previously been immunised against pertussis, up to the date the infant actually receives the first routine vaccination (which contains pertussis vaccine, scheduled from 8 weeks of age). The most effective protection of the infant will be achieved though vaccination during pregnancy and this therefore is the priority.

## 4. Service Outline

Individual GP practices will be responsible for identifying pregnant women and new mothers eligible for vaccination under the LES, and offer vaccination unless immunisation is contraindicated. Immunisation is contraindicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of pertussis, diphtheria, tetanus or polio vaccines; a confirmed anaphylactic reaction to any component of the vaccine or to any substances carried over from manufacture (formaldehyde, glutaraldehyde, neomycin, streptomycin, polymyxin B or bovine serum albumin); an encephalopathy (brain disorder) of unknown origin within seven days of previous immunisation with pertussis-containing vaccine.

GP practices will need to ensure, where necessary, the involvement of maternity services to identify existing eligible pregnant women at the start of the programme, and pregnant women reaching 16 weeks' gestation throughout the programme. The practice will develop a proactive approach to offering immunisation by adopting a robust call/reminder system, as appropriate, to contact pregnant women with the aim of maximising uptakes.

If arrangements are put in place where midwives vaccinate pregnant women it is important that the patient's GP practice is informed so their records are updated accordingly and included in vaccine update data collection.

Vaccination may be administered with influenza vaccine or anti-D. GP practices will need to ensure vaccination does not interfere with the timely delivery of the routine childhood programme which also protects children against pertussis infection.

Health Professionals should ensure that, for each pregnant woman or new mother who attends an immunisation session, appropriate information and advice about the need for vaccination and the pertussis vaccination is given (please refer to current PGD). Women should be given reasonable opportunity to discuss any concerns before being immunised.

Clinical guidance on immunisation in pregnancy in the interests of the infant in the current outbreak is as recommended by JCVI and contained in the CMO letter referred to above. JCVI advise that there are no safety concerns with the use of the recommended vaccine in pregnancy. Note, this use may be different to that recommended in the Summary of Product Characteristics (SPC) for the currently recommended vaccine; the SPC and PIL with the packaging for the vaccine may specifically state the vaccine should not be given to pregnant women. This is because of the routine exclusion of pregnant women from clinical trials, and not because of any specific safety concerns or evidence of harm in pregnancy. Use in pregnancy is not contraindicated. There is no evidence of risk to pregnancy or breast feeding with inactivated viral or bacterial vaccines or toxoids such as the pertussis vaccine.

### **The practice undertakes to:**

- Actively offer pertussis vaccination (as per current PGD) as a priority to all registered, eligible pregnant women from 16 weeks gestation, A single dose of dTaP/IPV should ideally be administered between 16 weeks and 32 weeks of pregnancy to maximise the likelihood that the baby will be protected from birth.
- May also offer vaccination to new mothers who have never previously been immunised against pertussis (including in childhood), up to the date the infant actually receives the first routine vaccination (which contains pertussis vaccine, scheduled from 8 weeks of age);

- Make the offer until notified of the end of the national immunisation programme;
- Record the necessary information in the practice system using all relevant national read codes including:
  - Name of vaccine, batch number and expiry date
  - Date, route and site of administration
  - Details of any side effects or adverse reactions and action taken
  - Signature and printed name of person who administered the vaccine.
- Provide data on numbers of eligible women and numbers vaccinated automatically via Audit+ software, or failing that otherwise manually on a monthly basis.

**The GP practice must ensure that any health care professional who is involved in administering the vaccine has:**

- The necessary experience, skills and training with regard to administration of the vaccine in accordance with the “National Minimum Standards for immunisation Training” HPA (2005) and:
  - Training with regard to recognition and initial treatment of anaphylaxis
  - Access to the clinical guidance in the CMO letter referred to above (this guidance is not contained in the Green Book “Immunisation against infectious disease”)

**The GP practice must ensure that:**

- All vaccines are stored in accordance with the manufacturer’s instructions and with regard to chapter 3 of the Green Book “Immunisation against infectious disease” available at [www.dh.gov.uk/greenbook](http://www.dh.gov.uk/greenbook); and HDUHB cold chain policy [Handling and Storage of Vaccines Policy - Cold Chain Management](#).
- All refrigerators in which vaccines are stored have a minimum/maximum thermometer;
- Readings from the refrigerator thermometer(s) are taken on all working days and temperatures are recorded and documented and any incidents dealt with appropriately;

GP practices are responsible for ordering vaccines to ensure that sufficient vaccines are ordered taking account of timing of deliveries. Vaccines will be supplied centrally in the same way as vaccines for the childhood immunisation programme. Practices should take measures to monitor vaccine use and reduce waste to a minimum.

## **5. Activation**

This specification will be agreed between Hywel Dda LHB and local GP practices. This LES will come into effect on 15<sup>th</sup> October 2012 and will be reviewed periodically. Claims can be submitted via the normal process to NWSSP Contractor Payments, Swansea.

**Please register your Practice’s intention to provide this LES via the Annual Return.**

## **6. Eligibility**

Payment arrangements will apply to all patients who are immunised for the duration of the agreement as set out as above.

In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP.

## **7. Pricing**

Practices will be entitled to claim a fee for the administration of the vaccine to each pregnant women by a member of the practice team or by the appropriate clinician acting on behalf of the practice at a rate [REDACTED] per dose using the usual payment arrangements.