

**From the Chief Medical Officer  
Dr Michael McBride**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

**HSS(MD)9/2016**

For Action:

Chief Executives, Public Health Agency/Health & Social  
Care Board/HSC Trusts/NIAS  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners and GP Locums (*for onward  
distribution to practice staff*)

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Your Ref:  
Our Ref: HSS(MD)9/2016  
Date: 8 April 2016

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**CHANGE TO TIMING OF VACCINATION - PERTUSSIS (WHOOPIING COUGH)  
VACCINATION OF PREGNANT WOMEN**

**ACTION REQUIRED**

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the care of pregnant women and in any aspect of vaccination programmes to enable them to respond accordingly.

The HSCB must ensure that this information is cascaded to all General Practitioners immediately.

**Introduction**

1. The purpose of this letter is to advise you of a change to the timing of the vaccination of pregnant women with the pertussis vaccine. At present vaccination is advised from between the 28<sup>th</sup> to 32<sup>nd</sup> week of pregnancy. **From May 2016** vaccination should be advised from the **16<sup>th</sup> gestational week** to 32<sup>nd</sup> week of pregnancy.
2. As you are aware the aim of this vaccination programme is to ensure babies born to vaccinated mothers have a high level of protection against pertussis in

their first weeks of life before they are old enough to receive direct protection via the routine childhood immunisation programme.

3. Following the introduction of the temporary vaccination programme for pregnant women in 2012 in response to a national outbreak of pertussis, infant disease had returned to levels similar to that seen pre-2012. In 2015 numbers of cases in babies under three months old increased again, although not to 2012 levels and disease in other age groups remains substantially higher than those seen pre-2012.
4. The Joint Committee on Vaccination and Immunisation (JCVI) recently considered a paper indicating that optimal neonatal pertussis antibody concentrations were elicited following maternal vaccination between 13 and 33 weeks gestation. A link to the JCVI minutes is available at <https://app.box.com/s/iddfb4ppwkmjtjusir2tc> (see minutes dated 16 March 2016, paragraphs 35 to 39 refer).
5. JCVI noted the study and agreed the evidence indicated vaccination earlier than week 28 in pregnancy would be likely to improve neonatal antibody levels and would increase opportunities during pregnancy for vaccination. The Committee agreed that vaccination should now be advised from the **16<sup>th</sup> gestational week** to 32<sup>nd</sup> week of pregnancy.
6. Pertussis vaccine can still be offered to women up to the time of delivery. It should be noted that Immunisation after week 38 is unlikely to provide passive protection to the infant but would potentially protect the mother from pertussis infection and thereby reduce the risk of exposure to her infant. For women who have not received the vaccine in pregnancy, pertussis-containing vaccine can be offered in the two months following birth i.e. up until their child receives their first dose of pertussis-containing vaccine.
7. The Green Book chapter on pertussis has now been updated, see attached link: <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>

8. **GPs and midwives** should implement this advice **from May 2016**.
9. **PHA materials** to support this change will be available from May.
10. In Northern Ireland the current uptake rate being achieved in this programme is around 60%. **We** would like to extend our thanks to everyone involved in **delivering this programme** and to ensure every effort continues to be made to encourage all **pregnant women to receive this vaccine in order** to protect their new born babies during their first few weeks of life.

Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer



**Mrs Charlotte McArdle**  
Chief Nursing Officer



**Dr Mark Timoney**  
Chief Pharmaceutical Officer

This letter is available on the DHSSPS website at  
[www.dhsspsni.gov.uk/index/phealth/professional/cmo\\_communications.htm](http://www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm)

### **CIRCULATION LIST**

Director of Public Health/Executive Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
 Assistant Director Public Health (Health Protection)  
 Public Health Agency Director of Nursing, Public Health Agency  
 Assistant Director of Pharmacy and Medicines Management, Health & Social Care Board (*for onward distribution to all Community Pharmacies*)  
 Directors of Pharmacy HSC Trusts  
 Director of Social Care and Children, HSCB  
 Family Practitioner Service Leads, Health & Social Care Board (*for cascade to GP Out of Hours services*)  
 Medical Directors, HSC Trusts (*for onward distribution to all Consultant Obstetricians, Paediatricians and other relevant staff*)  
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