

# Pertussis vaccination of pregnant women



Volume 15 Issue 4

December 2018

DEPARTMENT OF PUBLIC HEALTH, HSE SOUTH  
(CORK & KERRY)

IMMUNISATION FOCUS

Pertussis is circulating in the community and there have been several serious and critical cases of infant pertussis infection nationally. To date in 2018, in Cork and Kerry, we have been notified of **five cases of pertussis in infants**, four of whom were hospitalised. All were aged <6 months – too young to have completed their primary immunisations. In only one case was the mother vaccinated during her pregnancy and this infant did not require hospitalisation.

Pertussis vaccine is recommended for pregnant women to reduce the risk of infection in the mother and to reduce the morbidity and mortality in infants too young to be vaccinated. Circulating maternal antibodies in the newborn provide protection in the early weeks after birth.

## Payment information

To facilitate the vaccination of pregnant women a new payment mechanism has been agreed for the administration of the Tdap vaccine in GP surgeries. GPs can claim online from the PCRS by completing the Public Health Advised Vaccination Claim form. Payment will be made for all patients regardless of medical card status. **An outbreak payment fee will apply and this is currently €28.50 per vaccine given.**

In order to complete the payment claim on the browser you will need to supply the following:

- The outbreak code supplied by Public Health (**S-Pertussis-2018**).
- Patient ID in the form of a PPSN or medical or doctor only card number.
- Cold chain account number.
- The risk factor **AI (outbreak control measure)**.
- Full details, including all of the vaccination details – batch, name, site, etc.

## Ordering of vaccine

Tdap vaccine (Boostrix) is available from the national cold chain. Orders for Boostrix need to be emailed ([vaccines@udd.ie](mailto:vaccines@udd.ie)) or faxed to United Drug. The order must include the local outbreak code (**S-Pertussis-2018**). Their customer service number is 01 463 7770.

Please continue to encourage expectant mothers to have the Tdap vaccine.

- Tdap should be offered as early as possible after 16 weeks and up to 36 weeks gestation in **each pregnancy** to protect both mother and baby.
- Tdap can be given after 36 weeks gestation although it may be less effective in providing passive protection to the infant when given late in pregnancy.

## HPV Vaccination – Can we protect our boys?

At present HPV vaccine is offered only to girls in first year in second level schools. HIQA, following a request from the Department of Health, have produced a report of the health technology assessment on expanding the HPV vaccine to boys.

The summary of this document states

*“The ethical argument to extend the vaccination programme to include boys centres on issues of justice, equity, non-discrimination and non-stigmatisation. It would ensure the programme is resilient to future changes in female uptake rate and, as a dynamic population where people leave and enter the country, it would ensure individuals are directly protected as opposed to relying on herd protection. Finally, it would ensure men who have sex with men are protected as they do not benefit from the herd effects of female vaccination.”*

The full report is available at <https://www.hiqa.ie/reports-and-publications/consultation/draft-hta-extending-national-immunisation-schedule-include>

We await a formal decision on extending the HPV vaccine to boys.

## Rubella: Serology and vaccination

Rubella vaccine is extremely effective. Over 95% of recipients are likely to develop lifelong immunity to rubella after a single dose. The current advice in the National Immunisation Advisory Committee (NIAC) guidelines is –

*“If a woman has documented evidence of having received 1 dose of a rubella-containing vaccine, irrespective of rubella serology, no further rubella (MMR) vaccine is necessary.*

*Two doses may be needed for protection against measles and mumps.”*

When assessing Rubella immunity the Rubella vaccination history is key. Rubella titres on serology may decrease with time, so that a woman previously vaccinated may have low or undetectable titres on testing. However, if exposed to Rubella virus her immunity will boost and this should provide sufficient protection against infection.

If the serology result in a woman is reported as non-immune or low immunity the first step is to check the vaccination history.

- If she has documented two doses of MMR vaccine then no further doses are indicated.
- If she has documented one dose of MMR vaccine then consider giving a further dose of MMR, as two doses are indicated for protection against measles and mumps.
- If there is any doubt regarding the vaccination history a further dose of MMR should be given.

## Immunisation uptake: not at 95% yet

We monitor the uptake of vaccines in children at age 12 months and 24 months every quarter. These are some of the key findings from quarter 2, 2018.

### Vaccine uptake at 12 months—Target 95%

- **Rotavirus** (2 doses) 88%. All rotavirus doses need to be completed by age 8 months, so it is very important not to delay administration of this vaccine.
- **MenB** (2 doses) 92%. Children under 1 year of age are most at risk for Meningococcal Group B disease, so infants need to be vaccinated at two and four months to offer them protection as early as possible.

### Vaccine uptake at 24 months—Target 95%

- **6 in 1** (three doses) 95%. We are reaching the national target for this vaccine.
- **MMR** (one dose) 92%. We need to achieve 95% uptake if we are to protect our community against measles. There is a continuing risk of importation of measles into Ireland from areas where outbreaks are occurring.
- **Hib booster** (one dose over 12 months) 93%
- **MenC booster** (one dose over 12 months) 87%
- **PCV booster** (one dose over 12 months) 93%

There is a falloff in the uptake of vaccines given in the second year of life. It is very important that children receive booster doses of Hib, MenC, MenB and PCV to provide longer term protection. Parents are often both back at work by the time the 12 and 13 month vaccines are due. These are some practical suggestions to assist in improving uptake of the 12 and 13 month vaccines:

- Remind parents that their child needs **five visits** to ensure they receive the full immunisation schedule and that they are protected.
- Adhere to the immunisation schedule – give all vaccines at the correct time.
- Give an appointment for the 5<sup>th</sup> visit at the end of the 4<sup>th</sup> visit.
- Follow up any defaulters as soon as possible.