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NHS England Area Directors
Accountable Officer of Clinical Commissioning Groups
General Practitioners
Screening and Immunisation Leads
Directors of Public Health
Local Authority Chief Executives

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Dear Colleague,

Continuation of temporary programme of pertussis (whooping cough) vaccination of pregnant women

Since October 2012, a temporary programme of pertussis vaccination of pregnant women has been in place. This was introduced in response to increased levels of pertussis activity across the UK. The details of the programme are set out in a CMO letter dated 27 September 2012 (PL/CMO/2012/2, available at https://www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women).

We are writing to inform you that the programme is being continued following advice from the Joint Committee on Vaccination and Immunisation (JCVI). The programme will be continued in 2013/2014 until further notice, pending further advice from JCVI.

At its meeting in February 2013, JCVI reviewed pertussis epidemiology, preliminary data on the evaluation of the immunisation programme, including immunisation coverage in pregnant women, and surveillance data of the impact of the programme on disease in infants and on the safety of the vaccine in pregnant women. JCVI concluded that the temporary programme should continue but remain under review. The committee agreed to review the programme again at its next scheduled meeting in June 2013 when more extensive data should be available.

The National Enhanced Service (NES) agreed between NHS Employers (on behalf of the Department of Health) and the General Practitioners Committee continues to apply for this temporary programme. The NES provided a specification for PCTs to quickly set up pertussis vaccination services with GP practices. The earlier guidance advised PCTs to establish these services from 1 October 2012 as 12 month agreements, meaning they will have been carried over to NHS England as part of contract transition. These agreements, if administered correctly, will have an expiry date of 30 September 2013. NHS England, through its Area Teams, will be responsible for managing these arrangements and will want to be assured that there are sufficient local arrangements in place to meet the needs of their population, particularly if any agreements were inadvertently allowed to expire on 31 March 2013.

Area Teams should take steps to continue such agreements for a further six months to 31 March 2014. For planning purposes, it would be sensible to assume that the programme will be continued further.

Advice on vaccine supply, delivery of the programme, and contractual arrangements (with contracts agreed with GP practices and other providers transferring to NHS England's Area Teams in 2013/2014) remain as set out in the CMO letter of 27 September 2012 and David Flory's letter of 28 September 2012. (https://www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women).

The central collection of immunisation coverage data for public health purposes was clarified in subsequent guidance. This should continue to be followed: (http://media.dh.gov.uk/network/211/files/2012/10/PrenatalPertussisDataGuidance_acc.pdf.pdf).

The guidance on data collection advises how to complete data returns via the ImmForm website. With the change in NHS structure the guidance is still relevant for Area Teams, however, a data collection tool to aid reporting is under development, and further guidance will be released on its use once it is ready. The data collected on immunisation coverage in England will continue to be published monthly, but by Public Health England.

The programme should continue to be delivered through primary care, although local arrangements may allow for the delivery of the programme through other routes, such as midwifery services. Midwives should offer vaccination or ensure that pregnant women are informed of the programme and advised to make an appointment with their GP or other appropriate provider in order to be vaccinated. The clinical guidance set out at Annex A of the CMO letter of 27 September 2012 on this subject remains relevant.

The extension to the temporary programme of pertussis vaccination of pregnant women set out in this letter has the support of the Department of Health's Chief Medical Officer, Chief Pharmaceutical Officer and Director of Nursing. If you have any queries about the content of this letter please email: england.immunisation@nhs.net

Yours sincerely

Dame Barbara Hakin

NHS England, Chief Operating Officer and Deputy Chief Executive

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