

Pertussis programme publications

Updated 2 July 2024

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Prenatal pertussis vaccine change bipartite letter

• the <u>prenatal pertussis vaccine change from July 2024 letter</u> contains information for both commissioners and health professionals who are responsible for the safe delivery of this important NHS vaccination programme to pregnant women

Summary of key changes to the programme:

- from 1 July 2024, the vaccine used in the programme will change to ADACEL®
 (Tdap). Vaccine ordering will open in June (exact date will be confirmed via an
 ImmForm news item)
- the ADACEL® (Tdap) vaccine, manufactured by Sanofi, contains tetanus, diphtheria, and pertussis (acellular) antigens and was licensed for UK use in 2016. The <u>ADACEL</u> <u>suspension for injection in pre-filled syringe, Summary of Product Characteristics</u> (SPC) is available
- the JCVI recognised the importance of vaccinating pregnant women to protect their babies from pertussis and the advice is clear that dTaP/IPV vaccine should still be given if ADACEL® (Tdap) is not available to avoid delays in administration

Pertussis: collection

- the <u>immunisation collection</u>
 has links to pertussis
 publications, as well as
 training and e-learning
 resources
- chapter 24 of the green book has immunisation information for public health professionals, including updates

Pertussis (whooping cough)

 $\underline{Whooping\,cough\,vaccination\,programme\,for\,pregnant\,women:\,extension}\,to\,2014$

27 June 2014 Guidance

Vaccination against pertussis (whooping cough) for pregnant women

28 June 2024 Guidance

Whooping cough: vaccination in pregnancy programme resources

26 June 2024 Promotional material

Pertussis: guidelines for public health management

14 June 2024 Guidance

Training resources

E-learning immunisation resources

- an <u>interactive immunisation e-learning course</u>, written in line with the <u>national minimum training standards</u> and consisting of 7 knowledge sessions with accompanying assessments, is available for all healthcare practitioners with a role in immunisation - <u>registration</u> is free of charge
- immunology for immunisers animation

Immunisation of pregnant woman

The immunisation of pregnant woman and neonates slidesets have been developed to support the delivery of immunisation training to health care workers providing or advising on immunisation of pregnant women:

- · background, history and attitudes towards maternal vaccination
- influenza, COVID-19 and pertussis vaccines
- · selective vaccination programmes for neonates
- pre- and post-natal viral rash illness inadvertent vaccination
- governance considerations, challenges to achieving high vaccine coverage, horizon scanning and resources

Chapter 24: Pertussis

26 June 2024

24

Pertussis

NOTIFIABLE

The disease

Whooping cough (pertussis) is a highly infectious disease that is usually caused by Bordetella pertussis. A similar illness is caused by B. parapertussis, but this is not preventable with currently available vaccines.

The disease starts with an initial catarrhal stage, followed by an irritating cough that gradually becomes paroxysmal, usually within one to two weeks. The paroxysms are often followed by a characteristic 'whoop' or by vomiting. In young infants, the typical 'whoop' may never develop and coughing spasms may be followed by periods of apnoea. The illness often lasts for two to three months. In older children and adults, the disease may present as a persistent cough without these classic symptoms and therefore not be recognised as whooping cough.

Pertussis may be complicated by bronchopneumonia, repeated vomiting leading to weight loss, and cerebral hypoxia with a resulting risk of brain damage. Severe complications and deaths occur most commonly in unvaccinated infants under six months of age. Minor complications include subconjunctival haemorrhages, epistaxis (nosebleeds), facial oedema, ulceration of the tongue or surrounding area, and suppurative oftits media.

Transmission of the infection is by respiratory droplet, and cases are most infectious during the early catarrhal phase. The incubation period is between six and 20 days and cases are infectious from six days after exposure to three weeks after the onset of typical parxysms.

History and epidemiology of the disease

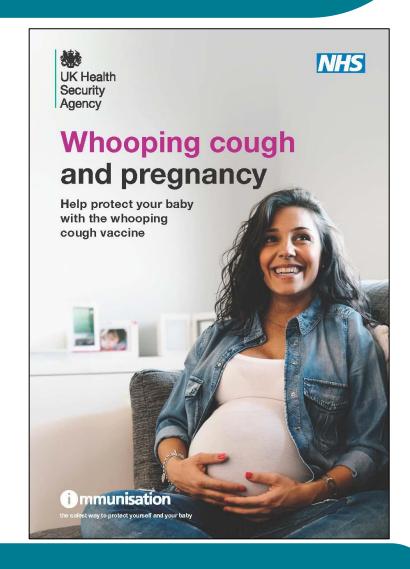
Pertussis is a cyclical disease that peaks every 3 to 5 years alongside a seasonal pattern with highest levels of activity usually in the Autumn. Before the introduction of pertussis immunisation in the 1950s, the average annual number of notifications exceeded 120,000 in England and Wales (Figure 24.1).

By 1972, when vaccine coverage was around 80%, there were only 2,069 notifications of pertussis. Because of professional and public anxiety about the safety and efficacy of the whole-cell vaccine, coverage fell to a low of around 30% by 1978. Major epidemics occurred in 1977–79 and 1981–83. In 1978 there were over 65,000 notifications and 12 deaths (Amirthalingam et al., 2013). These two major epidemics illustrate the impact of a fall in coverage of an effective vaccine. The actual number of deaths due to these pertussis outbreaks was higher, since not all cases in infants are recognised (Miller and Fletcher, 1976; Crowcroft et al., 2002) but with current surveillance systems, under ascertainment of deaths from diagnosed pertussis cases is now considered to be small (van Hoek et al., 2013b).

Chapter 24 - 1

Pertussis leaflet: pregnant women

- leaflet providing in-depth information on why the vaccine is needed, how maternal pertussis vaccination helps to protect babies from whooping cough and when expectant mothers can have the vaccine
- available to print or download from the Health Publications website with product code
 24WCPEN



Pertussis poster: pregnant women

- poster promoting immunisation against pertussis to expectant mothers, to be displayed in GP practices, maternity units and other community healthcare settings
- available to print or download from the Health Publications website with product code
 24WCP01



Pregnancy: how to help protect you and your baby

Product Code: <u>24STRWP01</u>

This leaflet explains: the flu vaccine, the whooping cough (pertussis) vaccine & the rubella (German measles) vaccine

These vaccinations are recommended for women who are pregnant. Rubella vaccination is also recommended for women who require protection before becoming pregnant again.

Paper copies of this leaflet are available free to order or download in the following languages:

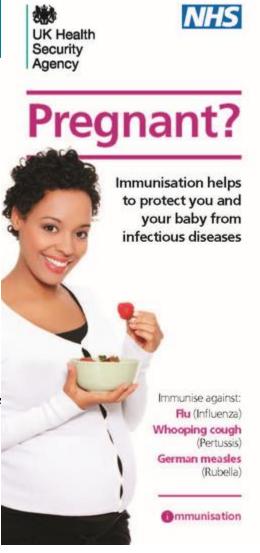
Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional, Cantonese), Estonian, Farsi, French, Greek, Gujarati, Hindi, Latvian, Lithuanian, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Turkish, Twi, Ukrainian, Urdu and Yiddish.

An English large print version is available to order.

A British Sign Language (BSL) video is available to view or download.

A <u>Braille version</u> of this leaflet is available to order.

An audio version of this leaflet is available to download.



Which pertussis vaccine: poster

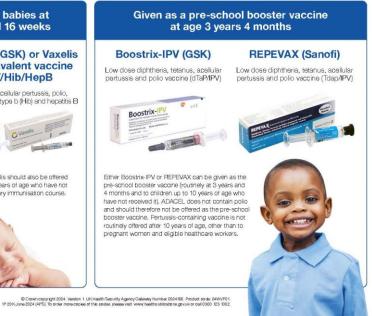
- poster describing pertussiscontaining vaccines suitable for infant, pre-school and maternal programmes
- to be displayed in any setting offering the pertussis vaccines and in areas where vaccines are stored and prepared for administration
- available to print or download from the Health Publications website with product code <u>24WVP01</u>





Which pertussis-containing vaccine should be given?





Pertussis: stickers (coming soon)

Pertussis: further guidance and training

- vaccination against pertussis for pregnant women <u>slideset for training</u> <u>healthcare practitioners</u>
 - this resource has been updated to align with the recently updated information document for healthcare practitioners
 - it's designed to support healthcare practitioners involved in the vaccination against pertussis in pregnancy programme so that they can provide women with evidence-based information

Pertussis: further guidance and training

NHSE-elfh <u>training on pertussis</u> alongside other vaccine-preventable diseases



Pertussis: further guidance and training

- PGD template to support the national pertussis vaccination for pregnant women programme, and vaccination of contacts of pertussis in accordance with guidelines
- guidance for public health management of pertussis, which looks at evolving evidence on the effectiveness of some public health measures and the current epidemiological context





UKHSA publications gateway number: GOV-16448

Pertussis Vaccine Patient Group Direction (PGD)

This PGD is for the administration of low dose diphtheria, tetanus and acellular pertussiscontaining vaccine, with or without inactivated poliomyelitis (Tdap or dTaP/IPV) to pregnant women from week 16 of pregnancy, in accordance with the national immunisation programme and to pertussis contacts aged 10 years and over in accordance with <u>Guidelines for the Public Health</u> <u>Management of Pertussis in England and Guidelines for the Public Health Management of</u> <u>Pertussis Incidents in Healthcare Settings</u>.

This PGD is for the administration of Tdap or dTaP/IPV vaccine by registered healthcare practitioners identified in Section 3, subject to any limitations to authorisation detailed in Section 3.

Reference no: Pertussis vaccine PGD Version no: v7.00 Valid from: 1 July 2024 Review date: 1 January 2027

The UK Health Security Agency (UKHSA) has developed this PGD to facilitate the delivery of publicly-funded immunisation in England in line with national recommendations.

Those using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012). The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.

Authorising organisations must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter section 3 (Characteristics of staff).

Sections 2 and 7 can be edited within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangements of the NHS organisation using the PGD. The fields in section 2 and 7 cannot be used to alter, amend or add to the clinical content. Such action will invalidate the UKHSA clinical content authorisation which is provided in accordance with the regulations.

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 25 years after the PGD expires if the PGD relates to children only, or adults and children. Provider organisations adopting authorised versions of this PGD should also retain copies for the periods specified above.

Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Current versions of UKHSA PGD templates for authorisation can be found from: Immunisation patient group direction (PGD) templates

1 This includes any relevant amendments to legislation

Pertussis vaccine PGD v7.00 Valid Irom. 1 July 2024 Expiry. 1 July 20



Guidance on the management of cases of pertussis in England during the re-emergence of pertussis in 2024

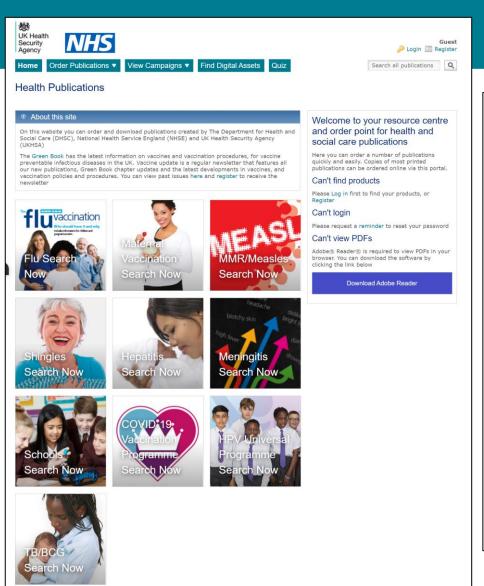
Update: June 2024

Complete routine immunisation schedule: from 1 July 2024

- main English version of the UK complete routine immunisation schedule available to download from the Health Publications website with product code RS1EN
- this leaflet will also be available in 33 translations: Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional), Dari, Estonian, Farsi, Greek, Gujarati, Hindi, Italian, Latvian, Lithuanian, Nepali, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Somali, Spanish, Tagalog, Tigrinya, Turkish, Twi, Ukrainian, Urdu, Yiddish and Yoruba

| Age due | Diseases protected against | Vaccine given and | trade name | Usual site ¹ |
|---|---|--|--|--|
| Eight weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus Influenzae type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus ² | Rotarix ² | By mouth |
| Twelve weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Pneumococcal (13 serotypes) | Pneumococcal conjugate vaccine (PCV) | Prevenar 13 | Thigh |
| | Rotavirus | Rotavirus ² | Rotarix ² | By mouth |
| Sixteen weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | MenB | MenB | Bexsero | Left thigh |
| One year old (on or after the child's first birthday) | Hib and MenC | Hib/MenC | Menitorix | Upper arm/thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/thigh |
| | Measles, mumps and rubella (German measles) | MMR | MMRvaxPro ³ or Priorix | Upper arm/thigh |
| | MenB | MenB booster | Bexsero | Left thigh |
| Eligible paediatric age groups* | Influenza (each year from September) | Live attenuated influenza vaccine LAIV ^{3,6} | Fluenz Tetra 3,6 | Both nostrils |
| Three years four months old or soon after | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR (check first dose given) | MMRvaxPro ³ or Priorix | Upper arm |
| Boys and girls aged twelve to thirteen years | Cancers and genital warts caused by specific human papillomavirus (HPV) types | HPV ⁵ | Gardasil 9 | Upper arm |
| Fourteen years old (school Year 9) | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y | MenACWY | MenQuadfi | Upper arm |
| 65 years old | Pneumococcal (23 serotypes) | Pneumococcal Polysaccharide Vaccine (PPV23) | Pneumovax 23 | Upper arm |
| 85 years of age and older | Influenza (each year from September) | Inactivated influenza vaccine | Multiple | Upper arm |
| 35 from September 2023 ⁷ | Shingles | Shingles vaccine | Shingrix | Upper arm |
| 70 to 79 years of age (plus eligible age groups and severely immunosuppressed) ⁷ | Shingles | Shingles vaccine | Zostavax ^{3,7} (or Shingrix If Zostavax contraindicated) | Upper arm |
| Rotavirus vaccine should only be given aff Contains porcine gelatine. See annual ful letter at: www.gov.uk/gover See Green Book HPV Chapter 18a for det who will need 3 does. | in upper armor anterolateral aspect of the thigh, are checking for SOD acreering result. mmenticollections/armusil-la-programme ails on immunising immunocompromised young people. supply information for the | If LAIV (live attenuated in fuence use inschafed fu vaccine (chr. 7. See Green Book Shingles Chapewerely immunosuppressed indicates) | ock Green Book Chapter 19 ster 28a for details on eligibl viduals from age 50. | for details). le age groups including |

How to order pertussis resources





- the <u>Health</u>
 <u>Publications website</u>
 is a free service
 where resources
 can be ordered or
 downloaded, with
 delivery in 3 to 5
 working days
- accessible versions and translations are also available

Vaccine Update: immunisation bulletin



Subscribe to Vaccine update here. Order immunisation publications here For centrally-supplied vaccine enquiries, email: <u>vaccinesupply@phe.gov.t</u>

- CQC endorsed 'registering and reading Vaccine Update is one of the indicators of best practice'
- previous versions are available at <u>www.gov.uk/government/collections/vaccine-update</u>
- audience: screening and immunisation teams, clinics, GP practices, practice nurses, midwives, student nurses and health professionals
- one-stop shop for policy, supply or vaccine programme implementation including the training, guidance documents, examples of best practice, implementation guidance and patient facing resources to promote the campaign
- sign up to receive Vaccine Update

Vaccine Update issue 344: maternal vaccination special

- published November 2023
- available at <u>www.gov.uk/government/pub</u> <u>lications/vaccine-update-issue-344-november-2023-pregnancy-special</u>



Vaccine Update

Issue 344 · November 2023

Maternal Vaccines Matter!

Maternal vaccination special

We want to improve maternal vaccination rates and this month's special edition brings together the resources we have to promote vaccination to those who are pregnant, in all settings including midwifery, antenatal, GP practices and pharmacies. We have produced suites of information, training slide sets and guidance designed to help health professionals to talk confidently about maternal vaccination.

We hope that all pregnant women are given the offer of vaccination including the seasonal flu, the autumn dose of COVID-19 vaccination if they are in a risk group (unless they have already had a dose of COVID-19 vaccine) and the pertussis vaccination. Opportunities to read and digest leaflet information given to those who are pregnant in the right format to meet their needs is often the start of the consent process.

Time and the right accessible information is key.



Pregnancy: how to help protect you and your baby leaflet (weblink 32)

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Prenatal pertussis vaccination coverage in England from January to March 2023 and annual coverage for 2022 to 2023

Pregnancy resources round upl

New Video Resources

Travels with the immunisation stand

How we did it!

Attention all customers – Christmas 2023 and New Year 2024 deliveries warning notice for routine immunisations

Vaccines for the 2023 to 2024 children's flu programme supplied by UKHSA

LAIV ordering information for General Practice

Multi-Branch Practices and LAIV allocations LAIV ordering information

for school-age providers

Inactivated flu vaccine ordering

ImmForm customers should report long-term changes to opening hours for deliveries

DTaP/IPV/Hib/HepB vaccine ordering

Registering for a new or updating your existing ImmForm vaccine ordering account

MMR vaccine ordering

Shingrix® vaccine ordering information

Vaccine update: Issue 344, November 2023

Prenatal pertussis vaccination coverage in England from January to March 2023 and annual coverage for 2022 to 2023

This report evaluates prenatal pertussis vaccine coverage for women who delivered in the January to March 2023 quarter and estimates annual coverage for the 2022 to 2023 financial year.

The main findings were that:

60.7%

vaccine coverage was 60.7% in the 2022 to 2023 financial year, compared to 64.7% in 2021 to 2022, 67.8% in 2020 to 2021 and 70.5% in 2019 to 2020

6.5%

the mean coverage for the quarter was also 6.5 percentage points lower than the mean coverage for the same quarter in the 2020 to 2021 financial year RN RO/

pertussis vaccine coverage in pregnant women for the fourth quarter 2022 to 2023 was 60.8%, which was 3.7 percentage points lower than the mean coverage for the same quarter in the 2021 to 2022 financial year

DECREASE IN LONDON NHS

this observed decline in coverage has largely been driven by a decrease in London NHS Commissioning Region but is also reflected in other regions, particularly the North West and the Midlands





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