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From: [redacted]
Operational Policy Division
Vaccine Strategy and Policy
15 December 2021

Cabinet Secretary for Health and Social Care

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION UPDATED ADVICE ON PRIORITISATION OF PREGNANT WOMEN FOR COVID-19 VACCINATIONS.

Purpose

To inform the Cabinet Secretary of the updated advice received from the Joint Committee on Vaccination and Immunisation (JCVI) relating the prioritisation of pregnant women within the COVID-19 vaccination programme.

Priority

1. Urgent. We understand this advice will be published imminently.

Background

2. During the initial stage of the COVID-19 vaccination programme, the JCVI advised that pregnant women should be offered vaccination if they were in a COVID-19 clinical risk group or at higher risk of exposure.

3. On 16 April 2021, the JCVI advised that pregnant women should be offered COVID-19 vaccination at the same time as the rest of the population, based on their age and clinical risk and that vaccination should be undertaken with either the Pfizer-BioNTech or Moderna vaccine.

4. As part of the ongoing monitoring of the COVID-19 vaccination programme and UK safety data, the Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the advice around the vaccination of pregnant women. Since early 2021, further safety data have accumulated both from the UK and internationally on the use of COVID-19 vaccines in pregnant women.

5. On 10 December 2021 the JCVI wrote a letter to the Secretary of State in which they outlined further advice relating to pregnant women and how they should be considered a priority group for COVID-19 vaccines.

JCVI ADVICE

6. The JCVI advises that pregnant women, of any age, should be considered a clinical risk group and should be vaccinated within the COVID-19 vaccination programme as part of priority group 6.

7. Prioritising primary dose vaccination in pregnant women will help to highlight the increased risk from COVID-19 which can be reduced by being vaccinated.

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8. Those aged under 18 who are pregnant, should receive primary vaccination in line with other groups at high risk; two doses at an eight-week interval. Vaccination should be deferred for four weeks after COVID-19 infection.

9. Pregnant women will now become eligible for boosting. Women who are currently pregnant and who are also in a COVID-19 at-risk group may have received primary vaccination six months ago; these women should already have been called for their booster.

10. Younger women who may have received vaccination more recently, can be boosted from three months after completion of their primary course.

11. This advice aligns with work already underway by clinicians, maternal health and vaccines policy to maximise uptake amongst pregnant women, given concerns about severe illness and hospitalisation in this group and helps us to further strengthen this work.

JCVI CONSIDERATIONS

12. Recent, yet unpublished, data up to the end of October 2021 from national studies (UKOSS and MBRRACE-UK) reveal that clinical outcomes following COVID-19 in pregnant women have worsened over the course of the pandemic and that there has been a significant increase in the maternal mortality ratio as a result of COVID-19.

13. The UKOSS study also found that the vast majority of pregnant women who were admitted to hospital with COVID-19 were unvaccinated. Of the 17 pregnant women who died of COVID-19 in the most recent (delta variant) wave, 16 were unvaccinated with the remaining one woman having received a first dose 22 days prior to admission.

14. Reports of adverse reactions received by the MHRA have been reviewed by independent experts from the Commission on Human Medicines. They found no pattern to suggest that COVID-19 vaccines used in pregnancy increase the risk of miscarriage, stillbirths, congenital abnormalities or birth complications.

15. Overall, the JCVI considers that the available data relating to the safety of COVID-19 vaccination in pregnancy are very reassuring and no association between adverse maternal or birth outcomes and COVID-19 vaccination has been identified.

16. The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) support the JCVI's advice regarding the vaccination of pregnant women

Operational Delivery & Communications

17. Accepting this advice will not involve a change to programme deployment in the main since all those aged and older can now book booster appointments. Therefore the key priority remains increasing coverage of the primary course in pregnant women. In

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particular, efforts to reduce inequalities in vaccine uptake will require a coordinated response including support from the midwifery community (RCM), other professional organisations representing those involved in antenatal care (RCOG, RCGP, RCN) and the MHRA.

18. Officials will liaise with Communications colleagues to ensure appropriate proactive and reactive material is in place to emphasise key messaging and mitigate criticism or concern.

19. A CMO letter will be issued aimed at midwifery and obstetrics leads but also to inform vaccination leads at Health Boards. Strategic Communications will issue messaging to Health Boards, to issue via their channels to external and internal audiences.

Recommendation

- It is recommended that you accept the JCVI’s advice and agree that pregnant women should be included in ‘at risk’ category for COVID-19 vaccination.

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			Portfolio Interest	Constit Interest	General Awareness
First Minister					X
Deputy First Minister			X		
Minister for Public Health and Women’s Health			X		
Minister for Children and Young People			X		
Lord Advocate					X

Permanent Secretary Chief Medical Officer Chief Nursing Officer Chief Pharmaceutical Officer Deputy Chief Medical Officer

National Clinical Director

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