



Australian Government

Department of Health

Chief Medical Officer

Prof Paddy Phillips
Chief Health Officer, South Australia
PO Box 287, Rundle Mall
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Dear Prof Phillips,

I am writing to ensure you are aware of recent changes to the [Australian Immunisation Handbook](#) recommendation for the optimal timing of antenatal pertussis vaccination.

After reviewing the evidence for antibody transmission during pregnancy, the optimal timing has been revised to provide a longer time-window for pregnant women to be vaccinated. Optimal timing for vaccination is between **20 and 32 weeks** (previously 28-32 weeks).

All pregnant women are recommended to have a single dose of pertussis vaccine in every pregnancy, including pregnancies that are closely spaced, to provide maximal protection to every infant.

Please consider how you and your organisation can raise awareness of the changes and embed it in to standard antenatal care. This may involve revision of practises and documentation to reflect the change.

We know that recommendation by a healthcare provider has been shown to be the most significant factor in a pregnant woman's decision to get vaccinated. It is important that healthcare providers are aware of the current recommendations and how to communicate them to pregnant women.

Rationale for the changes

Vaccination during pregnancy reduces the risk of pertussis in pregnant women and their young infants by 90%. This results from direct passive protection by transplacental transfer of pertussis antibodies from the mother to the fetus during pregnancy.

The longer window in the new recommendation will hopefully increase coverage by:

- Allowing providers more opportunities to vaccinate pregnant women.
- Allowing the alignment of pertussis vaccination with other key prenatal visits such as morphology scanning and gestational diabetes testing.

In addition, pregnant women who receive the vaccine earlier will maximise protection for their infant if he or she is born pre-term.

It should be noted that between 20-32 weeks is optimal timing. If pregnant women have not been vaccinated by 32 weeks, they should receive pertussis-containing vaccine as soon as possible and at any time up to delivery.

If pregnant women receive the vaccine earlier than 20 weeks, they do not need a repeat dose during the same pregnancy. Evidence shows transfer of pertussis antibodies to the infant in women who received the pertussis vaccine as early as 13 weeks gestation.

It is safe to co-administer influenza vaccine and pertussis vaccines to pregnant women. If seasonal influenza vaccine is available and the pregnant woman has not already received an influenza vaccination for the upcoming influenza season, please offer the influenza vaccine as well to protect the mother and baby.

To support the uptake of pertussis vaccination in pregnancy, the Department of Health has developed a range of resources which are available at

www.health.gov.au/immunisation

Thank you for your support.

Yours sincerely



Professor Brendan Murphy
Chief Medical Officer

3 April 2019