

**From the Chief Medical Officer
Prof Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)84/2021

FOR ACTION

Chief Executives HSC Trusts for (*onward cascade to
Medical Directors*)

Chief Executives, Public Health Agency/Health and Social
Care Board.

GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (*for onward
distribution to practice staff*)

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563

Email: Michael.McBride@health-ni.gov.uk

Our Ref: HSS(MD)84/2021

Date: 17 December 2021

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**JCVI ADVICE THAT PREGNANT WOMEN OF ANY AGE SHOULD BE
CONSIDERED AS A CLINICAL RISK GROUP FOR COVID-19**

1. The Joint Committee on Vaccination and Immunisation (JCVI) continues to review evidence on the impact, safety and effectiveness of the COVID-19 vaccine programme in the UK. As part of the ongoing monitoring of the COVID-19 vaccination programme and UK safety data, the JCVI has reviewed the advice around the vaccination of pregnant women and now advises that pregnant women of any age should be considered as a clinical risk group within the COVID-19 vaccination programme (priority group 6).
2. In April 2021, the JCVI advised that pregnant women should be offered COVID-19 vaccination with the Pfizer-BioNTech (Comirnaty©) or Moderna (Spikevax©) vaccine at the same time as the rest of the population, based on their age and clinical risk. That advice was supported by real-world data from the United States; at the time around 90,000 pregnant women had been vaccinated with mRNA vaccines without any safety concerns being raised.
3. In line with JCVI's advice, vaccination of pregnant women is strongly recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM). However, vaccine coverage in this group is still low.
4. Recent, as yet unpublished, data up to the end of October 2021 from national studies (UKOSS and MBRRACE-UK) reveal that clinical outcomes following COVID-19 in pregnant women have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.

The absolute number of maternal deaths associated with COVID-19 in the first wave (wild-type virus) was 9, increasing to 11 in the second wave (alpha variant) and to 17 in the third wave (delta variant). Accordingly, the maternal mortality ratio as a result of COVID-19 has significantly increased from 1.4 per 100,000 to 5.4 per 100,000. Based on current trends, there will be a 50% increase in the overall UK maternal mortality rate for 2021 as a result of COVID-19 related mortality. 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.

5. The UKOSS study found that the vast majority of pregnant women who were admitted to hospital with COVID-19 were unvaccinated. Over the course of the pandemic, more pregnant women with COVID-19 are experiencing more severe disease, with more of those hospitalised with COVID-19 being admitted to ICU.
6. Since early 2021, further safety data have accumulated both from the UK and internationally on the use of COVID-19 vaccines in pregnant women. 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.
7. Published studies from the USA and Norway have compared miscarriage rates in large cohorts of vaccinated and unvaccinated women who were pregnant over the same time periods. These studies provide evidence that there is no increased risk of miscarriage in association with the mRNA COVID-19 vaccines currently in use
8. Overall, the JCVI considers that the available data relating to the safety of COVID-19 vaccination in pregnancy are very reassuring. No association between adverse maternal or birth outcomes and COVID-19 vaccination has been identified.
9. Based on the data regarding safety, together with the increased risk from COVID-19 to pregnant women especially in relation to the latest wave of infection associated with the delta variant, the JCVI advises that pregnant women of any age should be considered as a clinical risk group within the COVID-19 vaccination programme (priority group 6).
10. 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.
11. All Pregnant women will now become eligible for boosting, however as we are already planning to boost over 18 year olds shortly, JCVI agreed that actively identifying and calling in pregnant women for boosting is unlikely to make a substantial difference to the timing of boosting in this group. They therefore agreed that boosters could be provided opportunistically or in line with their age cohort.

12. We would however urge that every effort is made by GPs, Obstetricians and Midwives to ensure pregnant women are made aware of the increased risk from COVID-19 and encouraged to take up the offer of vaccination as soon as possible.

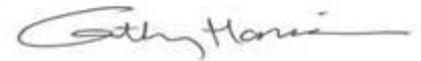
Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer



Linda Kelly
Acting Chief Nursing Officer



Mrs Cathy Harrison
Chief Pharmaceutical Officer

