|  |  |
| --- | --- |
|  |  |

**In Confidence**

VIP reference: VIP/ <<VIP number>>

**Immunisation Division**

Inadvertent administration of Vaccine in Pregnancy

**This form is intended for chickenpox, shingles and MMR vaccines**

#### Patient details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:**  **<<mothersurname>>** | | | | **First name:**  **<<motherfirstname>>** | | | **NHS/CHI no:**  **<<NHSnumber>>** | | | | **DOB:**  **<<DOB>>** | | |
| **Ethnicity please**  **tick:** | White  □ | Mixed  □ | Indian  □ | Pakistani  □ | Bangladeshi  □ | Asian other  □ | | Black Caribbean  □ | Black African  □ | Black other  □ | | Chinese  □ | other  □ |

#### Current pregnancy

### Date of last menstrual period \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_Estimated date of delivery \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Have there been any problems with this pregnancy?** | **no □** | **yes □** | **not known □** |
| **If yes, please give date of onset or diagnosis and briefly describe:**  **Date:\_\_\_\_/\_\_\_\_/\_\_\_\_** | | | |

**Details of any abnormal antenatal testing to date (ultrasound, serum markers, amniocentesis etc):**

|  |  |  |
| --- | --- | --- |
| **Test:** | **Result:** | **Date:** |
| **Test:** | **Result:** | **Date:** |

#### Vaccine administration:

**Please detail any MMR, chickenpox or shingles vaccines that have been administered shortly before or during pregnancy:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine (e.g. MMR)** | **Date of administration** | **Which dose?** | **Brand name of vaccine** | **Batch number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Reason for vaccination (please complete if MMR or chickenpox vaccine were given):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Susceptible to:** | | **Measles** □ | **Mumps** □ | | **Rubella** □ | **Varicella** □ |
| **Considered susceptible on basis of:** | | **Seronegative test result** □ | | | **Vaccine history** □ | **Clinical**  **history** □ |
| **Please provide details:** | **Test date \_\_/\_\_/\_\_ Any detail:** | | | | | |
| **Basis for immunisation:** | **Healthcare or laboratory staff** □ | | | **Contact with case of:**  **Measles** □ **Mumps** □ **Rubella** □ **Varicella** □ | | |
| **Seronegative in antenatal screening** □ | | | | **Pregnancy planning** □ | | |
| **Immunised for other reason:** | **Please detail reason** | | | | | |

If a woman’s immune status to rubella is not known when she is given MMR vaccine it is recommended that a serum sample be sent to UKHSA Colindale in order to ascertain this as soon as possible.

#### If this lady received shingles vaccine please complete this section.

|  |
| --- |
| **Was this lady considered immune to varicella-zoster virus before Shingrix® vaccine was administered**?   * **Yes she was considered immune. This was due to prior history of chickenpox or shingles disease □** * **Yes she was considered immune. This was due to 2 documented doses of chickenpox vaccine□** * **No she was not considered immune. □** |

##### **Please provide prior immunisation history for any of the vaccines you have listed in section 3 above:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** | **Date of administration** | **Which dose?** | **Brand name of vaccine** | **Batch number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Other medication taken this pregnancy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | **Dates of use** |  | **Indication** | **Dose** |
|  | start | end |  |  |
|  | start | end |  |  |
|  | start | end |  |  |

##### **Maternal events associated with immunisation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the woman experience any reactions after vaccination? If yes, please complete detail below. | | | **no □** | | **yes □** | | **not known □** |
| **Rash post-vaccination:** | **localised to injection site □** | | | **generalised over body □** | | | |
| **Description of rash** | **maculopapular □** | **erythematous**  **□** | | **vesicular**  **□** | | **please detail if other:** | |
| **Timing of rash onset** | onset date: \_\_/\_\_\_/\_\_ | | | or number days post vaccination\_\_\_\_\_\_ | | | |
| **Other reaction:** | **please describe:** | | | | | | |
| **Timing of onset** | onset date: \_\_/\_\_\_/\_\_ | | | or number days post vaccination\_\_\_\_\_\_ | | | |

#### Pregnancy history

**Please complete the following details on any previous pregnancies:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please detail  the number of: | Previous  pregnancies | Full-term  deliveries | Pre-term  births | | Elective  termination | |
| Has a birth defect occurred in a previous pregnancy? | | | no □ | yes □ | | not known □ |
| If yes, please provide details on each: | | | | | | |
| Has a still birth or miscarriage occurred in a previous pregnancy? | | | no □ | yes □ | | not known □ |
| If yes, in how many pregnancies has a stillbirth/ miscarriage occurred?  In which week of  pregnancy did each occur? | | | Please provide any further available detail: | | | |
| Please detail any other known complication in pregnancy: | | | | | | |
| Please detail any known risk factors for an adverse pregnancy outcome: | | | | | | |

|  |  |  |
| --- | --- | --- |
| Is the patient aware that her case has been reported to us? | no □ | yes □ |

Form completed by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

If the GP contact details we have used are incorrect please advise us of the correct information below:

#### GP information. This detail is important as correspondence will be with the GP.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address:** | **Phone no.** |
|  | **Postcode:** |  |

If you have any immediate queries please contact Helen Campbell on 0208 327 7150 or 07824 551803.

Please return completed form by email: [phe.vip@nhs.net](mailto:phe.vip@nhs.net) or using the pre-paid envelope provided to:

Helen Campbell, Vaccination in Pregnancy Surveillance, Immunisation and Vaccine Preventable Diseases Division, UKHSA,

61 Colindale Avenue, London NW9 5EQ