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

 **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 | Electivetermination |
| 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 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