FOGSI Position Statement

Vaccination in Pregnant Indian Women

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FOGSI Position Statement

Vaccination in Pregnant Indian Women

Background

Infections contribute substantially to maternal and neonatal morbidity and mortality; hence, maternal vaccination has significant public health relevance by reducing vaccine preventable diseases in the mother and the newborn.

Safety considerations for inactivated vs live vaccines

Available evidence indicates that, in general, inactivated vaccines can be safely administered during pregnancy, whereas live vaccines are avoided except in situations where the risk of disease exposure is substantial and benefits outweigh potential risks.[1]

Pre-conceptional Vaccines

MMR or Rubella vaccine needs to be given to those who have not received the vaccine in adolescence. The MMR vaccine is preferred because of wider immunization coverage. Varicella vaccine should also be administered to those who have neither been infected nor vaccinated before.[1]

Timing of Vaccination

- Pregnancy should be avoided for 1 month after vaccination.[1,2]
- However, if the patient does conceive, she should be counselled regarding the theoretical risks to the fetus; however, it is not an indication for termination of pregnancy.[1,2]

Vaccines Recommended During Pregnancy

Td, Tdap, and influenza vaccines are strongly recommended during each pregnancy.[2,3]

Td vaccine (1st dose)

- Td (tetanus and diphtheria) has replaced TT since 2018.
- First dose should be given early in pregnancy (at or after 12 weeks).
- It is not required if the woman has been previously immunized with two doses of Td/TT during the previous pregnancy within the past 3 years.

Tdap vaccine

- Tdap vaccine is a combination vaccine that protects against three bacterial infections – tetanus, diphtheria and pertussis with a single dose.
- Neonatal morbidity and mortality due to pertussis is high in the first 2 months of life. Maternal Tdap vaccination covers the immunity gap till the neonate is vaccinated.[2-4]
- One dose between 27 and 36 weeks of pregnancy is recommended in each pregnancy regardless of prior vaccination history. (It should be given even if the woman has taken two doses of TT/Td in current pregnancy.)
- It should be considered in place of second dose of Td to provide protection against pertussis in addition to tetanus and diptheria.[3,4]
- If Tdap is not given during pregnancy, it should be given postpartum.[4]

Influenza vaccine

- Pregnant women are at increased risk of severe influenza infection, including pneumonia, hospitalization, ICU admission, and maternal mortality.[4,5]
- Influenza infection during pregnancy has also been associated with adverse fetal outcomes, including early pregnancy loss, preterm birth, low birth weight, and stillbirth.
- One dose of inactivated influenza vaccine (quadrivalent or trivalent) is recommended at or after 12 weeks of pregnancy (earlier during pandemic)[2,4,6] or 12 months after last dose (whichever is later).
- Administer the currently available strain (do not delay by awaiting newer strains).
- Maternal vaccination offers passive immunity to the newborn.
- Live attenuated influenza vaccine (intranasal) is contraindicated in pregnancy due to theoretical risk of fetal transmission.[5]

Vaccines Recommended during Pregnancy
FOGSI Position Statement

- First dose of Td should be given early in pregnancy (at or after 12 weeks).
- Tdap is the preferred tetanus-containing vaccine (in place of second dose of Td) during pregnancy and should be administered in the early third trimester, ideally between 27 and 36 weeks of gestation, to optimize passive antibody transfer and protect the newborn during the neonatal period.
- A single dose of Tdap is recommended during each pregnancy, irrespective of prior Tdap vaccination history.
- Women who are pregnant should receive one dose of inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV).

Vaccines Contraindicated in Pregnancy

All live vaccines such as MMR, Varicella, HPV (Human Papilloma Virus), Intranasal influenza, BCG, and Japanese Encephalitis vaccines are contraindicated during pregnancy due to risk of fetal transmission.[6]

Vaccines Recommended in Special Situations

Vaccines may be considered in special situations when there is a risk of maternal infection and potential vertical transmission to the fetus and where the benefits outweigh the risks.

COVID-19 vaccine

- Pregnant women are at increased risk of adverse COVID-19 outcomes, including higher rates of ICU admission and adverse pregnancy outcomes.[2,5]
- COVID-19 vaccination reduces the risk of severe disease in pregnant individuals and induces antibody response in the infant.
- Maternal vaccination has also been associated with reduced COVID-19-related hospitalization in infants younger than 6 months.[3]
- mRNA-based COVID-19 vaccines are recommended in any trimester of pregnancy.
- During a pandemic or local epidemic, COVID-19 vaccination is recommended for all eligible individuals, including pregnant women. A two-dose series should be administered, with doses given at least 4 weeks apart.[2]
- Booster doses may be considered during periods of increased viral transmission.

Hepatitis A vaccine

- Inactivated vaccine indicated in women at high risk of infection, including those with chronic liver disease, poor sanitation, exposure or travel to endemic areas.[1,3]
- Vaccination provides protection within 2 weeks for up to 10-30 years.[7]

Hepatitis B vaccine

- Hepatitis B vaccination (inactivated or recombinant) is recommended during pregnancy in women at high risk of exposure.
- These include women with HBsAg-positive partners, multiple sexual partners, recent sexually transmitted infections, IV drug users, those receiving regular blood products, those with chronic liver or kidney disease and occupational exposure.

Rabies vaccine (live attenuated)

Post-exposure prophylaxis (PEP) with vaccination is recommended in pregnancy and lactation as benefits outweigh the risks.[1]

Typhoid vaccine

Live vaccines are contraindicated in pregnancy; however, in clearly indicated situations, the inactivated Vi polysaccharide vaccine may be administered.[1,8]

Yellow fever vaccine

- Vaccination may be considered if travel to endemic regions (e.g., Africa or South America) poses a significant risk of infection.[1,8]
- Travel should ideally be postponed during pregnancy. If unavoidable, a single dose may be administered after careful evaluation of benefit vs risk or waiver may be sought.

Emerging Vaccines

Respiratory syncytial virus vaccine

- A single dose of respiratory syncytial virus (RSV) vaccine (inactivated) is advised in the third trimester of pregnancy.[2]
- It can be given to those who do not have a delivery planned in the next 2 weeks to prevent RSV-related lower respiratory tract infection (LRTI) in newborns.

Meningococcal vaccine

Vaccination decisions during pregnancy should be based on individual exposure risk and clinical judgment.[2]

Postpartum Vaccination

- The postpartum period is ideally suited for opportunistic vaccination.
- Vaccines which were not received in pre-conception or during pregnancy should be given in the postpartum period, if indicated. This include MMR, Varicella, Influenza, Hepatitis B, and Tdap vaccines.[2,3]
- HPV vaccination schedule should be completed if interrupted by pregnancy or initiated postpartum.[1]

Vaccines recommended during the pre-conception, pregnancy, and postpartum periods[2]

Pre-conception	Pregnancy	Postpartum
▸▸ MMR ▸▸ Varicella ▸▸ Inactivated influenza vaccine, seasonally ▸▸ Hepatitis B (if at risk and not vaccinated before)	▸▸ Td (early in pregnancy, at or after 12 weeks) ▸▸ Tdap (between 27 and 36 weeks) ▸▸ Influenza (at or after 12 weeks, earlier during pandemic)	▸▸ MMR (if at risk) ▸▸ Varicella (if at risk) ▸▸ Influenza ▸▸ Hepatitis B ▸▸ Tdap ▸▸ HPV

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