

ADDENDUM: COVID 19 VACCINATION

ARCS-BFS Joint Working Group*

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Three different vaccines have now been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in individuals aged 16 years of age and over. A vaccination programme has commenced, with priority groups identified by the Joint Committee on Vaccines and Immunisation (JCVI).

We advise clinics to be mindful of advice from JCVI and the RCOG concerning the vaccine and pregnancy. At present, owing to lack of systematic data, JCVI have taken a precautionary approach and state that there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

The JCVI does not advise routine pregnancy testing before receipt of a COVID-19 vaccine and they state that those who are trying to become pregnant do not need to avoid pregnancy after vaccination.

It is expected that access to the vaccine will allow vulnerable patient groups to be able to access fertility treatment that may have been paused during the pandemic. It will also help clinics develop resilience among their workforce by reducing the likelihood of illness and the need to self-isolate.

The use of any pharmaceutical product in women who are trying to conceive should be subject to a balance between the expected benefit and potential harms. Women who would benefit from the vaccine should be able to receive it without compromising their planned fertility treatment. Women should be made aware that although there is no safety data for COVID-19 vaccinations in pregnancy, there is no known risk from other non-live vaccines in pregnant women. In line with the JCVI guidance, appropriately informed patients who choose to accept COVID-19 vaccination do not need to avoid treatment/pregnancy after vaccination.

Centres should inform patients who have not been vaccinated against COVID-19 but wish to progress with treatment that current Government guidelines may prohibit vaccination until after delivery if a pregnancy is achieved.

Where a decision is taken by the patient to delay treatment due to vaccination, centres should work with commissioners of services to ensure that patients' eligibility for funded treatment does not suffer due to the delay.

With regard to donation services, the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee have stated that 'Living tissue and cell donors, within 7 days after non-live vaccine, may be considered subject to individual risk assessment, if the benefit of the transplant outweighs the risks of donation.' Centres should individually risk assess gamete and embryo donors who donate within 7 days of vaccination.

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