

# ACOG

Committee on  
Obstetric Practice

# Committee Opinion



Number 305, November 2004

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## Influenza Vaccination and Treatment During Pregnancy

*ABSTRACT: Influenza vaccination is an essential element of prenatal care. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice supports the Centers for Disease Control and Prevention's expanded recommendation that women who will be pregnant during the influenza season (October through mid May) should be vaccinated. The ideal time to administer the vaccine is October and November; however, it is appropriate to vaccinate patients throughout the influenza season as long as the vaccine supply lasts. This intramuscular, inactivated vaccine may be used in all 3 trimesters. Because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, the Committee on Obstetric Practice recommends that these antiviral agents should be used during pregnancy only if the potential benefits justify the potential risks.*

Influenza vaccination is an essential element of prenatal care. The risks of serious illness associated with influenza are increased in young children and pregnant women. The influenza epidemic in 2003 resulted in numerous hospitalizations for cardiopulmonary complications among pregnant women and some deaths among young children (1).

The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice supports the Centers for Disease Control and Prevention's expanded recommendation that women who will be pregnant during the influenza season (October through mid May) should be vaccinated (1). The ideal time to administer the vaccine is October and November; however, it is appropriate to vaccinate patients throughout the influenza season as long as the vaccine supply lasts. This intramuscular, inactivated vaccine may be used in all 3 trimesters. One study of influenza vaccination of more than 2,000 pregnant women demonstrated no adverse fetal effects associated with influenza vaccination (2). Any theoretical risk of the vaccination is outweighed by its benefits. Likewise, the benefits of the vaccine outweigh any unproven potential concerns about traces of thimerosal preservative, which exist only in the multidose vials (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr53e430a1.htm>). It should be noted that the intranasal vaccine spray contains a live, attenuated virus and should not be used during pregnancy.

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Immunizing pregnant women also confers protection to their infants; this is an important consideration because infants' aged 0–6 months do not respond to the influenza vaccine. Breastfeeding is not a contraindication for vaccination.

If influenza A develops, amantadine and rimantadine may reduce the duration of illness when given within 2 days of illness onset whereas zanamivir and oseltamivir may reduce the duration of uncomplicated influenza A and B (1). However, no clinical studies have been conducted regarding their safety or efficacy during pregnancy. Therefore, because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, the Committee on Obstetric Practice recommends that these antiviral agents should be used during pregnancy only if the

potential benefits justify the potential risks. Antiviral agents should not be used as a substitute for influenza vaccination.

## References

1. Harper SA, Fukuda K, Uyeki TM, Cox NJ, Bridges CB. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2004;53(RR-6):1–40. Available at: <http://www.cdc.gov/mmwr/PDF/rr/tr5306.pdf>. Retrieved August 6, 2004.
2. Heinonen OP, Shapiro S, Monson RR, Hartz SC, Rosenberg L, Slone D. Immunization during pregnancy against poliomyelitis and influenza in relation to childhood malignancy. *Int J Epidemiol* 1973;2:229–35.