

## Influenza Update for Obstetricians and Maternity Services – Winter 2011

H11/57196

- Influenza activity is increasing in NSW
- Pregnant women are at increased risk for severe influenza and complications
- Influenza vaccination is recommended for pregnant women and others at increased risk of complications
- Early treatment with anti-influenza medications can improve outcomes

### Situation update

There is increasing influenza activity in parts of NSW and elsewhere in Australia, and there have been reports of admissions of pregnant women to intensive care in NSW.

- Three influenza virus strains are circulating in Australia this winter.
- The 2009 pandemic strain, influenza A(H1N1)2009, is the most common strain currently circulating in NSW.
- Pregnant women are at increased risk of severe illness or death from illness from influenza.

### Vaccination

Because of the possibility of another severe influenza season in 2011, it is important to increase uptake of the seasonal influenza vaccine now, particularly among high risk groups like pregnant women.

- Influenza vaccine should be offered to pregnant women, or women planning pregnancy, who will be in the second or third trimester during the influenza season, including those in the first trimester at the time of vaccination.
- Influenza vaccination is estimated to prevent 1–2 hospitalisations per 1,000 women vaccinated during the second or third trimester.
- The vaccine is safe in pregnancy: the rate of side-effects from vaccinating pregnant or breastfeeding women is no different to the rate in other individuals.
- Patients who would like more information about influenza vaccination during pregnancy or while breastfeeding can be referred to the factsheet on the MotherSafe website at [www.mothersafe.org.au](http://www.mothersafe.org.au).

### Early treatment

- Consider anti-influenza medications for treatment of pregnant women with influenza who present within 48 hours of symptom onset.
- Anti-influenza medications can reduce the severity and duration of influenza symptoms, and reduce the risk of secondary complications.
- Treatment with anti-influenza medications (either oseltamivir [Tamiflu] or zanamivir [Relenza]) may be offered to pregnant woman at any stage of pregnancy. Although both drugs are classified as B1 (limited data indicating safety in pregnancy), use in pregnant women to date (mostly in second and third trimester) has not been associated with adverse fetal outcomes.
- Experience of anti-influenza medication use in the first trimester of pregnancy remains very limited, so a careful discussion of the potential risks and benefits is essential before prescribing such agents.

### Further Information

- NSW Health Influenza website: [www.health.nsw.gov.au/publichealth/Infectious/influenza](http://www.health.nsw.gov.au/publichealth/Infectious/influenza)
  - Includes practical information and updates for clinicians
  - Includes information on high-risk groups and factsheets and other resources for patients
- NSW Health Immunisation website: [www.health.nsw.gov.au/publichealth/immunisation/](http://www.health.nsw.gov.au/publichealth/immunisation/)
- NSW Health MotherSafe website: [www.mothersafe.org.au/](http://www.mothersafe.org.au/)
  - Phone counselling service: call 9382 6539 (Sydney metro area) or 1800 647 848 (rest of NSW).
- Contact your local Public Health Unit: [www.health.nsw.gov.au/publichealth/Infectious/phus.asp](http://www.health.nsw.gov.au/publichealth/Infectious/phus.asp)



**Dr Jeremy McAnulty**  
Director, Centre for Health Protection



**Dr Michael Nicholl**  
NSW Health Obstetric Advisor