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## Influenza Prophylaxis

1. Stambouian D, et al. **Inf Disease CL of North American 2000; 14: 141-62.**  
*Medical conditions at increased risk of influenza complications include:*
  - 1) *Residents of long-term care facilities*
  - 2) *Chronic disorders of the pulmonary or cardiac system*
  - 3) *Metabolic disorders (pregestational diabetes)*
  - 4) *Renal disorders*
  - 5) *Hemoglobinopathies*
  - 6) *Immunosuppression (i.e. transplant patients, HIV)*
  - 7) *Patients who require long-term aspirin therapy (risk for Reye syndrome when infected with influenza)*
  
2. **MMWR September 26, 2003 /Vol 52/No.RR13** *Persons who should not be vaccinated with LAIV (live attenuated intranasal virus): pregnant women*
  
3. **JAMA 1991; 72: 978-80 and Am J Obstet Gynecol 1959; 78: 1172-5.**  
*Influenza-associated excess deaths among pregnant women well documented during pandemics of 1918-1919; 1957-1958.*
  
4. **Clin Obstet Gynecol 1979; 22: 293-300.** *Case reports and limited studies also suggest that pregnancy can increase the risk of serious medical complication of influenza as a result of increased heart rate, stroke volume, oxygen consumption, and immunologic functions.*
  
5. **Am J Epidemiol 1998; 148: 1094-102.** *Out of every 10,000 women in their third trimester without identified risk factors that experience an average influenza season of 2.5 months, 25 will be hospitalized with influenza-related morbidity.*
  
6. **MMWR May 28, 2004/Vol 53/ No. RR06; 1-40.** *Because of the increased risk for influenza-related complications, women who are pregnant during the influenza season should be vaccinated. Vaccination can occur in any trimester.*
  
7. **MMWR Apr 14, 2000/Vol 49/No. RR-3.** *Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the influenza season, regardless of the stage of their pregnancy.*
  
8. **MMWR Apr 14, 2000/Vol 49/No RR-3.** *Hypersensitivity to egg proteins is a contraindication to receiving the influenza vaccine. All preparations made in the U.S.A. contain thimerosal.*
  
9. **JAMA 2001; 285: 748-54.** *Post exposure prophylaxis with Oseltamivir, 75 mg daily for 7 days, resulted in an overall protective efficacy of 89% for individuals and 84% for household contacts. (Welliver R, Monto AS, Carwicz O et al. Effectiveness of Oseltamivir in preventing influenza in household contacts.*

10. <http://www.fda.gov/cder/drug/antivirals/influenza/default.htm#drugs>
11. **MMWR Apr 14, 2000/Vol 49/No RR-3.** *If there is a history of developing Guillain-Barre syndrome following influenza vaccination, these patients should not receive the vaccination in the future.*
12. **MMWR Apr 14, 2000/Vol 49/No RR-3.** *Acute febrile illness is a relative contraindication for vaccine until symptoms have abated; however, minor illnesses with or without fever do not contraindicate the use of the influenza vaccine.*

### **NOTIFICATION TO USERS**

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur in pregnancy. They should not be interpreted as *standard of care* but instead represent *guidelines* for the management of these patients. Variation in practice should be taken into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina School of Medicine at Chapel Hill. They cannot be reproduced in whole or part without the *expressed* permission of the school.

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