



Influenza Prophylaxis

1. Centers for Disease Control and Prevention. Prevention and Control of influenza with Vaccines. MMWR 2010;59 (No. RR-8)
 - a. Pg. 20. Trivalent inactivated influenza vaccine is contraindicated and should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine unless the recipient has been desensitized.
 - b. Pg 37. The American College of Obstetricians and Gynecologists and the American Academy of Family Physicians also have previously recommended routine vaccination of all pregnant women.
 - c. Pg 41. In general, health-care providers should begin offering vaccination soon after vaccine becomes available and if possible by October. Vaccination efforts should continue throughout the season, because the duration of the influenza season varies and influenza might not appear in certain communities until February or March.
 - d. Pg. 37. Live, attenuated influenza vaccine (LAIV) is not licensed for use in pregnant women, but postpartum women can receive LAIV or TIV.
 - e. Pg 37. No preference is indicated for use of TIV that does not contain thimerosal as a preservative (see Vaccine Preservative [Thimerosal] in Multidose Vials of TIV) for any group recommended for vaccination, including pregnant and postpartum women.
 - f. Pg. 37. Breastfeeding does not affect the immune response adversely and is not a contraindication for vaccination. Unless contraindicated because of other medical conditions, women who are breastfeeding can receive either TIV or LAIV.
2. United States Centers for Disease Control and Prevention. Updated recommendations for obstetric health care providers related to use of antiviral medications in the treatment and prevention of influenza for the 2010-1011 season. http://www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm
“The drug of choice for chemoprophylaxis of pregnant women...is less clear. Zanamivir may be the preferable antiviral for chemoprophylaxis of pregnant women because of its limited systemic absorption. However, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems. For these women, oseltamivir is a reasonable alternative.”
3. Jamieson DJ et al. (2013). Influenza in Pregnancy. In: S.M. Ramin and M.S. Hirsch (Ed.), Up-to-date Updated March 28, 2013.
4. Adapted from: Centers for Disease Control and Prevention. 2011-2012 Influenza antiviral medications: Summary for clinicians. <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> (Accessed on June 5, 2012)
5. Zachary KC et al (2013). Prevention of seasonal influenza in adults. In: M.S. Hirsch (Ed.), Up-to-date, Updated Sep 21, 2012

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.