

Vaccination Prophylaxis

Contraindications:

- Prior severe adverse reaction to seasonal influenza vaccine
- Severe allergy to any component of the vaccine (note: egg-free vaccines are available – recombinant influenza vaccine)^{1,2}

YES

NO

Do not vaccinate,
document

Precautions:

- Guillan-Barre within 6 weeks of seasonal influenza vaccinations-may consider in women with multiple comorbidities significantly increasing risk of influenza complications
- Presence of moderate to severe acute illness (febrile or nonfebrile) - consider delaying vaccination until recovery

YES

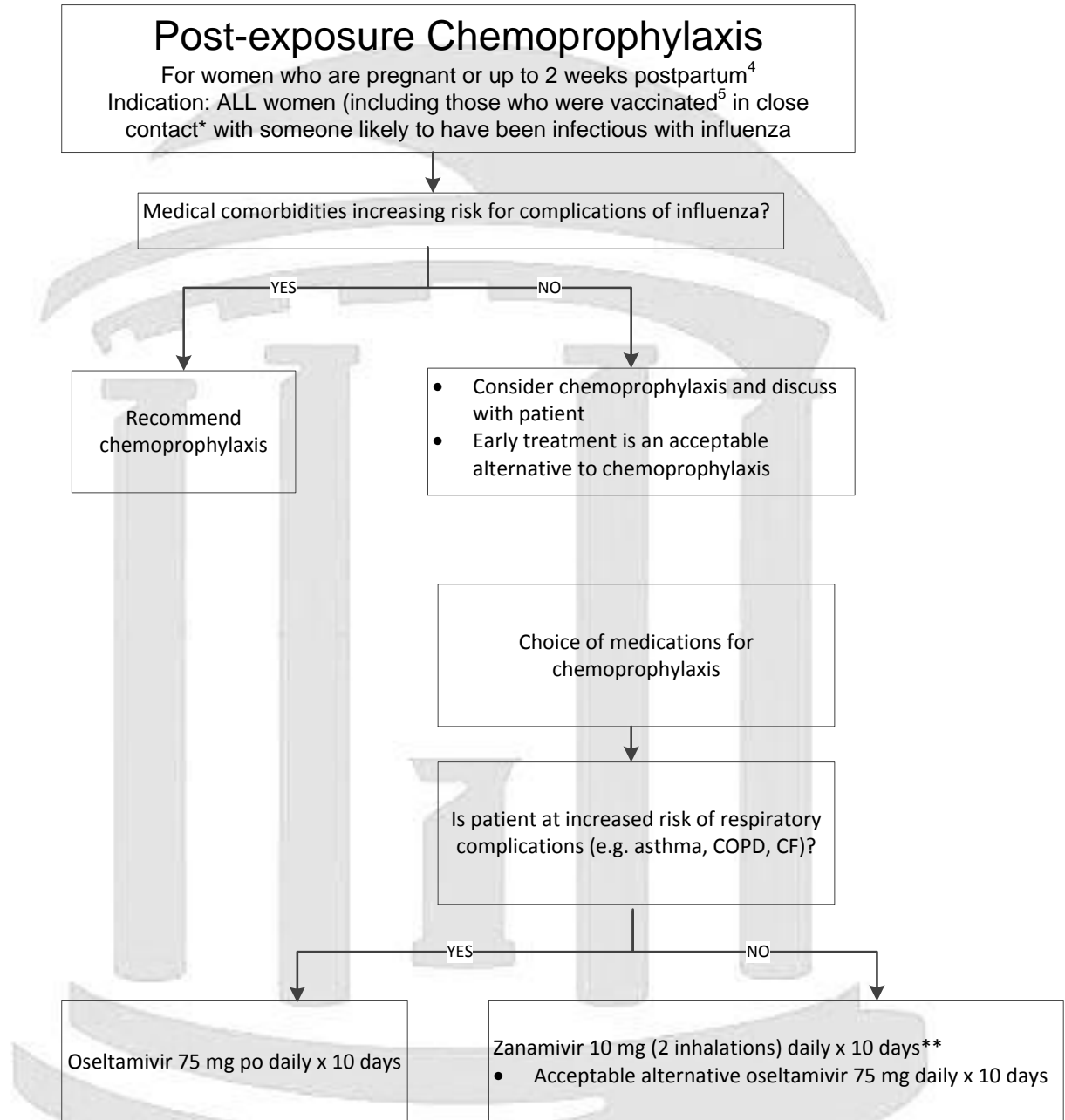
NO

Discuss with patient
and individualize
recommendation

Recommend
vaccination

- Vaccinate with inactivated quadrivalent seasonal influenza vaccine
- Live inactivated vaccine is contraindicated in pregnancy; may consider for postpartum women in seasons in which this vaccine is recommended

****Post-exposure chemoprophylaxis should be considered in all pregnant and postpartum women regardless of prior vaccination status.**



*"Close contact" is defined as having cared for or lived with a person who has confirmed, probable or suspected influenza, or having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of such a person. Including having talked face-to-face with a person with suspected or confirmed influenza illness.

**Zanamivir is associated with fewer gastrointestinal side effects than osetamivir and has lower systemic absorption, which may be preferred in pregnancy. However, no generic formulation is available and cost may be prohibitive. Additionally, its use can result in significant reduction in FEV1 in patients with a history of respiratory disease.

References

1. “Seasonal Influenza Vaccine Safety: A Summary for Clinicians.” *Centers for Disease Control and Prevention*. 3 October 2017. https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm. Accessed 9 April 2018.
2. Grohskopf, Lisa. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015-16 Influenza Season.” *Centers for Disease Control and Prevention*. 7 August 2015. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>. Accessed 9 April 2018.
3. Grohskopf, Lisa. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices- United States, 2017-18 Influenza Season.” *Centers for Disease Control and Prevention*. 25 August 2017. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm#Fig2>. Accessed 9 April 2018.
4. “Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza.” *Centers for Disease Control and Prevention*. 6 December 2017. https://www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm. Accessed 9 April 2018.
5. Flannery, Brendan. “Interim Estimates of 2017-18 Seasonal Influenza Vaccine Effectiveness-United States, February 2018.” *Centers for Disease Control and Prevention*. 16 February 2018. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6706a2.htm>. Accessed 9 April 2018.

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These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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