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

Do not vaccinate, document

Precautions:
- Guillain-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

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.**

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**Post-exposure Chemoprophylaxis**

For women who are pregnant or up to 2 weeks postpartum

Indication: ALL women (including those who were vaccinated in close contact* with someone likely to have been infectious with influenza with medical comorbidities increasing risk for complications of influenza?

- **YES**
  - Consider chemoprophylaxis and discuss with patient
  - Early treatment is an acceptable alternative to chemoprophylaxis

- **NO**

Medical comorbidities increasing risk for complications of influenza?

- **YES**
  - Recommend chemoprophylaxis

- **NO**
  - Consider chemoprophylaxis and discuss with patient
  - Early treatment is an acceptable alternative to chemoprophylaxis

Choice of medications for chemoprophylaxis

Is patient at increased risk of respiratory complications (e.g. asthma, COPD, CF)?

- **YES**
  - Oseltamivir 75 mg po daily x 10 days

- **NO**
  - Zanamivir 10 mg (2 inhalations) daily x 10 days**
    - Acceptable alternative oseltamivir 75 mg daily x 10 days

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*“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 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 oseltamivir 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


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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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