



February 3, 2014

Dear Colleague,

We are asking for your help in protecting all pregnant and postpartum women against influenza. Influenza activity in the U.S. remains high overall and may continue for weeks. H1N1 viruses have been dominant so far. This is the H1N1 virus that caused the 2009 pandemic, which was especially hard on pregnant women. CDC has received reports of flu hospitalizations and deaths in pregnant women with influenza virus infection this season. It is important that we be vigilant in protecting pregnant and postpartum women from flu. The first and most important step for flu prevention is getting a flu vaccine; prompt antiviral treatment is our second line of defense in reducing flu complications and death.

Your recommendations make a difference to your patients. Here are some key points to consider during discussions with your patients about the importance of flu vaccination and prompt treatment for flu:

1. Pregnant women should receive seasonal influenza vaccine.

- a. Influenza is more likely to cause severe illness in pregnant and postpartum women than in women who are not pregnant. Changes in the immune system, heart, and lungs during pregnancy make pregnant women more prone to severe illness from influenza.
- b. Risk of premature labor and delivery is increased in pregnant women with influenza.
- c. Vaccination during pregnancy has been shown to protect both the mother and her baby (up to 6 months old) from influenza-related illness and hospitalizations.

2. Influenza vaccine is safe.

- a. Influenza vaccines have been given to millions of pregnant women over several decades and have not been shown to cause harm to pregnant women or their babies.
- b. Influenza vaccine can be given to pregnant women **in any trimester**.
- c. Pregnant women should get a flu shot; **NOT** the live attenuated vaccine (nasal spray).
- d. Postpartum women, even if they are breastfeeding, can receive either type of vaccine.

3. Antiviral drugs can treat flu illness and are recommended for pregnant women who get the flu.

- a. When used for treatment, antiviral drugs can lessen symptoms and shorten the time your patients are sick by 1 or 2 days. They also can prevent serious flu complications, like pneumonia.
- b. During the 2009 H1N1 pandemic, prompt antiviral treatment of hospitalized pregnant women was shown to prevent respiratory failure and death.
- c. Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick. However, starting them later can still be helpful.

Your role in ensuring your patients are protected against influenza is crucial. We hope this information will be beneficial to you to encourage and/or offer flu vaccination to your pregnant patients. More information can be found at: <http://www.cdc.gov/flu/professionals/vaccination/>.



James M. Perrin, MD, FAAP
President
American Academy of Pediatrics

Reid B. Blackwelder, MD, FAAFP
President
American Academy of Family Physicians

Ginger K. Breedlove, PhD, CNM, APRN, FACNM
President
American College of Nurse-Midwives

Jeanne A. Conry, MD, PhD, FACOG
President
American College of Obstetricians and
Gynecologists

Brian Mercer, MD
President
Society for Maternal-Fetal Medicine

Elena Rios, MD, MSPH
President, CEO
National Hispanic Medical Association

Thomas M. File, Jr., MD
President
National Foundation for Infectious Diseases

Thomas E. Menighan, BS Pharm, MBA,
ScD (Hon), FAPhA
Executive Vice President and CEO
American Pharmacists Association

Lynn Erdman, MN, RN, FAAN
Chief Executive Officer
Association of Women's Health, Obstetric
and Neonatal Nurses

Edward R. B. McCabe, MD, PhD
Senior Vice President, Chief Medical Officer
March of Dimes Foundation

Michael A. Lenoir, MD
President
National Medical Association

Anne Schuchat, MD
RADM, United States Public Health Service
Assistant Surgeon General
Director, National Center for Immunization
and Respiratory Diseases
Centers for Disease Control and Prevention