

NSW Medications in Pregnancy & Breastfeeding Service



INFLUENZA VACCINATION IN PREGNANCY AND BREASTFEEDING 2018

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

Influenza

Influenza is a viral infection of the respiratory tract commonly known as "the flu", and can be caused by a number of different viruses. Common symptoms of flu include high fever, headache, runny nose, muscle aches and pains, sore throat, cough and feeling generally unwell. The common cold tends to be milder and without the fever, muscle aches and pains. Influenza usually occurs during the winter months, and is highly contagious. Risk factors for more severe disease include obesity, pregnancy, heart and lung conditions such as asthma and diabetes, and being of Aboriginal or Torres Strait Islander descent.

What happens if you get flu when you are pregnant?

Pregnant women who have influenza are at greater risk of developing serious breathing problems, such as pneumonia, which may require hospitalisation. These complications can put both mother and baby at risk. This applies to all types of influenza. The H1N1 influenza ("swine flu") pandemic of 2009 showed that pregnant women were more susceptible to severe complications of the influenza virus than the general population. Some women with influenza miscarried or went into premature labour while some had to undergo early emergency caesarean sections. A greater than expected number of pregnant women with influenza required admission to intensive care and were more likely to die than non-pregnant women.

Vaccination for influenza

The influenza vaccine released in Australia in March 2018 was produced in response to the strains of influenza virus predicted to be present in Australia this winter. This vaccine is different to the influenza vaccine manufactured in 2017 and previous years. There are 2 different types of influenza vaccine available in 2018. One has 4 strains (quadrivalent) – two influenza A strains H1N1 (Michigan) and H3N2 (Singapore) and 2 B strains (Phuket and Brisbane) while the other has 3 strains (trivalent) and is recommended for people over 65. While the vaccine strains will change each year the recommendations are always the same:-that all pregnant women should receive the current influenza vaccine. The vaccine contains only fragments of killed virus, and does not contain any live virus.

Is it safe for pregnant women to receive the seasonal influenza vaccine?

Yes. Pregnant women are considered a high priority group, and it is recommended that all women who will be pregnant or planning to be pregnant during the flu season receive the vaccine as early as possible². The vaccine can safely be given before pregnancy or at any stage of pregnancy, including the first trimester. The vaccine has been shown to provide protection against the flu for both the mother and her baby for up to six months after the birth.



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How long after vaccination before protection occurs and how long will it last?

Protection after vaccination varies from person to person, but there is evidence of increased immunity within a few days and full protection is usually achieved within 10 to 14 days. The currently available influenza vaccine confers protection for about a year.²

Will the baby be protected if the mother is immunised?

Yes. Research has shown that after pregnant women are given the flu vaccine, their antibodies are selectively transported across the placenta³. Babies are born with antibody levels even higher than their mothers, which help protect them from the influenza virus for up to 6 months after birth².

Who should be vaccinated?

Under the National Immunisation Program the seasonal flu vaccine is available free of charge to groups regarded as high priority for vaccination. This includes all pregnant women, anyone aged over 65 years, Aboriginal and Torres Strait Islander people aged over 15 years, and people with underlying medical conditions (including heart disease, asthma, epilepsy and diabetes). It is advisable that all parents and carers of infants also have the flu vaccine to reduce the risk of passing the infection to young babies. Flu vaccination is not available for children until 6 months of age.

Adults and children with egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccine, although this should be discussed with their doctor or immunisation provider.²

Vaccination of breastfeeding mothers

The vaccine is safe to be given to a breastfeeding mother. There is no evidence that the vaccine affects breast milk, and no evidence of risk to the breastfeeding baby³.

Where do I get the seasonal influenza vaccine?

Vaccination is available from a range of locations, including General Practitioner offices, vaccination clinics, hospitals and health centres. Check with your GP as to when the vaccination service is available. The seasonal influenza vaccine is free for all pregnant women, although there may be a consultation fee from the doctor or immunisation service provider. Many workplaces also offer the flu vaccine to their staff free of charge.



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Further Information:

Immunise Australia Program
http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-influenza
Health Insite
http://www.healthinsite.gov.au/topics/InfluenzaVaccine

References:

- 1. NSW Health. Seasonal influenza vaccination 2018 http://www.health.nsw.gov.au/immunisation/Pages/seasonal_flu_vaccination.aspx Accessed 4 April 2018
- 2. Australian Immunisation Handbook 10th Edition 2013 (NHMRC) http://www.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-4-7 Accessed 04 April 2018
- 3. Zaman K, Roy E, Arifeen SE, et al. Effectiveness of maternal influenza immunization in mothers and infants. N Engl J Med. 2008; 359: 1555-64. March 2018