

INFLUENZA VACCINATION IN PREGNANCY

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Appropriate vaccination of pregnant woman to minimise influenza infection

2. PATIENT

- Pregnant woman

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Pre-packed, preloaded syringe, needle of influenza vaccine
- Kidney dish
- Alcohol wipe

5. CLINICAL PRACTICE

Pre-Conception and Antenatal

- Recommend influenza vaccination for all women planning pregnancy and all pregnant women regardless of gestation
- Recommend vaccination anytime in the influenza season, regardless of gestation and as long as the vaccine supply lasts.
- Discuss with woman options for obtaining vaccination: local medical officer or at antenatal clinic
- Offer Influenza vaccination to women attending the hospital

Administration guide:

- Discuss with the woman the reason for the influenza vaccination, as well as the possible side-effects (see educational notes)
- Provide the woman with the Factsheet; Influenza vaccine (Appendix A)
- Determine whether any contra-indications for vaccination (see educational notes)
- Gain verbal consent for the vaccination
- Shake the vaccine thoroughly prior to administration and visually inspect for particulate matter. If particles remain the vaccine should not be administered and discarded.
- Administer vaccine as an intramuscular or deep subcutaneous injection into the upper arm as a single dose only.
- Observe for severe/immediate side effects for 15 minutes. Severe side effects should be reported to the Public Health Department for investigation and reporting to NSW Health. Randwick office 9382 8333 or Wollongong office 42216700
- Document in clinical notes and on antenatal card consent, vaccine brand, dose, batch, route and site of administration, date, name and signature of vaccinator
- Report any adverse events following immunisation if required. Any adverse events following immunisation at any stage should be reported to the TGA through the 'reporting problems' link at the TGA website.
- Ensure the Influenza vaccination order is signed on the medication chart by a medical officer within 24 hours. An authorised nurse immunisation administrator or midwife may administer vaccine without a signed order from a medical officer

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
16 April 2015

INFLUENZA VACCINATION IN PREGNANCY cont'd

6. DOCUMENTATION

- Antenatal Card
- Integrated clinical notes
- Medication chart

7. EDUCATIONAL NOTES

- Influenza vaccination is recommended for any person who wishes to reduce the likelihood of becoming ill with influenza
- Free flu vaccine is available for all pregnant women. To receive flu vaccination women may visit their local doctor or immunisation provider, or attend the antenatal clinic. It is important to note that the vaccine is free with local doctors, however a consultation fee may apply.
- Pregnant women are at high risk of severe consequences of flu infection. The flu vaccine is safe for pregnant women and provides protection for themselves and their new born baby for the first six months after birth.
- Women travelling overseas during pregnancy regardless of season should seek advice on vaccination or regarding vaccination upon arrival at their destination
- Influenza vaccination during pregnancy should be routine: safety is well established and both maternal and infant benefit is now proven with only 5 vaccination doses estimated to prevent one case of serious maternal or infant respiratory illness (RANZCOG)
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists strongly endorse routine vaccination of obstetric and midwifery staff, both to protect these individuals as well as their families, close contacts and patients.

Side effects

- The most common side effect is minor pain, swelling, itching and redness around the injection site. These side effects are mild and usually clear up within a few days
- Anaphylaxis can occur with all vaccines and medications (rare)

Precautions and contraindications

- Individuals with anaphylactic sensitivity to eggs. All influenza vaccines currently available in Australia contain traces of egg protein. It is reported that influenza vaccines with ≤ 1.0 microgram of residual egg ovalbumin per dose can be safely given to people with an egg allergy; however, as a low risk of anaphylaxis is present, ensure vaccination is administered by staff with the knowledge and facilities to manage such a reaction.
- Immunocompromised patients receiving influenza vaccine for the first time should be referred for an alternative vaccine regimen
- Vaccination must be postponed in women who have febrile illness (≥ 38.5 degrees C) or acute infection
- Women with a history of Guillain-Barre Syndrome with onset related in time to influenza vaccination may be at increased risk of again developing Guillain-Barre Syndrome if given influenza vaccine. Refer for medical assessment

Contraindications

- Anaphylaxis after a previous dose of any influenza vaccine or
- Anaphylaxis after a previous dose of any vaccine component such as Neomycin or Polymyxin

8. RELATED POLICIES / PROCEDURES / GUIDELINES

- HIV in pregnancy

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9. RISK RATING

- Extreme

10. REFERENCES

1. RANZCOG.College Statement. 2013. Influenza vaccination during pregnancy (and in women planning pregnancy)
2. Australian Government. The Australian Immunisation Handbook: 10th Edition 2013. Canberra 2013.
3. Vaccination recommendations for the 2015 influenza season Published in *Health News and Evidence* Date published: 25 March 2015 <http://www.nps.org.au/publications/health-professional/health-news-evidence/2015/2015-fluvax-recommendations>
4. Medication Handling in NSW public health facilities PD2013_043

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factsheet for consumers

REVISION & APPROVAL HISTORY

Maternity Services LOPs group 31/3/15

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