

Dear Colleague:

The American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), and the Centers for Disease Control and Prevention (CDC) are asking for your help in urging your pregnant patients to get vaccinated against 2009 H1N1 and seasonal influenza.

Increased risk of morbidity and mortality due to 2009 H1N1 and seasonal influenza:

- Pregnant women represent 6% of confirmed 2009 H1N1 influenza deaths in the United States, while only about 1% of the general population is pregnant.
- As of August 21, 2009, 28 pregnant women have died from 2009 H1N1 influenza.
- Pregnant women are also more likely than the general population to become severely ill from seasonal influenza.

Why pregnant women should receive 2009 H1N1 monovalent and seasonal influenza vaccines:

- A study of seasonal influenza vaccine showed that vaccination during pregnancy reduced febrile respiratory illness both in the mothers and infants and reduced lab-confirmed influenza in the infants. There is every reason to believe that the 2009 H1N1 monovalent vaccine will have the same benefits.
- Caregivers of newborns are potential sources of transmission of H1N1 influenza. Women who were not vaccinated during pregnancy should receive the vaccine postpartum to prevent the mothers from getting influenza and then passing it to their infants. Vaccinating everyone who lives with or cares for infants <6 months of age (who are too young to receive the vaccine themselves) is the best way to prevent these children from getting influenza.
- The Advisory Committee on Immunization Practices (ACIP) has recommended that pregnant women receive 2009 H1N1 monovalent and seasonal influenza vaccines.

Safety of 2009 H1N1 monovalent influenza vaccine:

- The safety of the 2009 H1N1 monovalent vaccine is expected to be similar to seasonal influenza vaccine, which has been given to millions of pregnant women.
- 2009 H1N1 monovalent and seasonal influenza vaccines can be given to pregnant women **in any trimester** and can be given at the same time but in different injection sites.
- Pregnant women should receive inactivated vaccine (flu shot) but should **NOT** receive the live attenuated vaccine (nasal spray).
- Postpartum women, even if they are breastfeeding, can receive either inactivated vaccine or live attenuated vaccine (nasal spray).
- Although there is no evidence that thimerosal (a mercury containing preservative added to multi-dose vials to prevent contamination) causes harm, in order to accommodate patient preferences, there will be vaccine available in single-dose preservative-free units. CDC recommends that pregnant women receive influenza vaccine with or without thimerosal.
- As healthcare providers, physicians and their healthcare staff are also a target group designated by the ACIP to receive 2009 H1N1 monovalent and seasonal influenza vaccines to protect themselves as well as their pregnant patients.

How to vaccinate pregnant women:

- Providers interested in obtaining 2009 H1N1 monovalent vaccine should contact their local or state health department. If providers are not offering vaccine, they should be aware of locations in their area where 2009 H1N1 monovalent vaccine will be provided and make this information available to their pregnant patients. Contact information can be found at <http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm>.
- The U.S. Food and Drug Administration (FDA) has approved the use of a single dose of vaccine for persons ≥ 10 years of age.

Please help to protect your pregnant patients against influenza by encouraging them to get the 2009 H1N1 monovalent and seasonal influenza vaccines and addressing their concerns. You are playing a crucial role in helping to prevent influenza in your patients, which can save their lives. More information can be found at: <http://www.cdc.gov/h1n1flu/pregnancy/>.

Sincerely,

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