

# Pregnant women urged to get flu vaccine

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The Organization of Teratology Information Specialists (OTIS), a nonprofit organization based at the University of California, San Diego, with affiliates across North America, urges pregnant women to receive the influenza vaccine as soon as possible. The recommendation comes shortly after the American College of Obstetricians and Gynecologists Committee on Obstetric Practice issued new guidelines regarding the influenza vaccine during pregnancy.

OTIS aims to educate women about exposures during pregnancy and lactation through a toll-free hotline as well as observational research studies. The organization is looking for the help of pregnant women to collect information on exposures such as the [flu vaccine](#) in pregnancy, with a goal to enroll 1,100 pregnant women across the U.S. in the study by March 2011.

"The newest opinion from experts is that pregnant women at any gestational age during the flu season should receive the [influenza vaccine](#)," said Christina Chambers, Ph.D., MPH, UC San Diego professor of pediatrics and an epidemiologist with a special focus in the area of birth defects prevention. Chambers also serves as program director of OTIS' California affiliate and the California Teratogen Information Service (CTIS) Pregnancy Health Information Line.

"It's preferable for a woman to receive the immunization early during the flu season since protection against the flu doesn't begin to set in until about two weeks after the [flu shot](#) is administered," Chambers added. The vaccine protection typically lasts six to eight months.

According to Chambers, fewer than half of pregnant women get the flu vaccine while they are pregnant, even though the recommendation is that all pregnant women receive the vaccine. She adds that pregnant women have an increased risk of having serious complications from the flu, such as severe breathing problems. Severe disease and even death from infection with the [flu virus](#) occurs more often in pregnant women than in women who are not pregnant.

The flu vaccine being administered during the 2010-11 flu season provides protection against both the seasonal and H1N1 flu viruses. Unlike last season, this year a separate H1N1 flu shot is no longer needed. In addition to the flu shot, a nasal-spray influenza vaccine is also available. However, unlike the flu shot, the nasal-spray vaccine contains a live, but weakened virus, so is not recommended during pregnancy.

"We've received a number of calls from concerned women wondering if they should receive the flu shot," said Sonia Alvarado, a counselor supervisor at CTIS Pregnancy Health Information Line. "Many worry that since the H1N1 protection is included in this year's flu shot, the H1N1 portion may be dangerous, but that's simply a misconception. The H1N1 vaccine has, in fact, been thoroughly studied in both pregnant and non-pregnant volunteers."

"Since research has shown how important it is for pregnant women to receive the flu shot, it's important that pregnant women feel reassured that the vaccine itself is safe to use in pregnancy," said Diana Johnson, MS, study manager for OTIS Studies. In addition, a recent study published in the Archives of Pediatrics & Adolescent Medicine suggests that babies born to women who received a flu vaccine during pregnancy may themselves have some additional protection against the flu virus.

Johnson is one of dozens across the country helping to coordinate the Vaccines and Medications in Pregnancy Surveillance System

(VAMPSS). VAMPSS is a North American effort to obtain and evaluate information on developing babies whose mothers receive H1N1 flu vaccines, seasonal flu vaccines, antiviral medications, and/or asthma medications during pregnancy.

"The VAMPSS surveillance system is more important now than ever before," explained Johnson. "As new medications and vaccines become available, an established system for identifying the safety or risks of exposures that occur during pregnancy in a timely and comprehensive manner is critical in helping [pregnant women](#) and their health providers make informed decisions about treatment options," she said.

Provided by University of California

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