

INFLUENZA IN PREGNANCY V3.0

Comments from the Expert Advisory Group

- Influenza-like illness (ILI) is defined as **sudden** onset of symptoms with at least one of these three respiratory symptoms: cough; sore throat; shortness of breath in addition to at least one of the following four systemic symptoms: fever/feverishness; malaise; headache; myalgia
- Pregnant women are at increased risk of severe influenza compared to non-pregnant women of reproductive age.
- The risk of complications from influenza is higher in the second and third trimesters of pregnancy and is greater for pregnant women with at-risk medical conditions.
- Postpartum women are also at increased risk of severe influenza up to two weeks postpartum (including following pregnancy loss).
- The diagnosis of influenza should be considered in all patients presenting with acute respiratory infections (ARI) regardless of their vaccine status.
- During the influenza season, treatment of suspected severe influenza should not be delayed while awaiting laboratory test results. Empiric antiviral treatment should be started as soon as possible, ideally within 48 hours of symptom onset.
- Antiviral treatment is recommended for pregnant women or women up to two weeks postpartum (including following pregnancy loss) with suspected or confirmed **severe** influenza, and can be taken during any trimester of pregnancy.
- The patient should be referred to hospital for assessment if there is any respiratory compromise or suspicion of a bacterial super-infection.
- For post-exposure chemoprophylaxis, refer to the chemoprophylaxis section of this guidance below.
- Pregnant women should be advised of the signs and symptoms of ILI/ ARI and encouraged to present early to their GP, local acute hospital or maternity unit if they develop ILI/ARI symptoms or any respiratory symptoms after close contact with a person who has ILI/ARI or laboratory confirmed influenza.
- The most effective way to minimise the risks of influenza infection and associated complications during pregnancy is through **vaccination**. Influenza vaccination should be recommended and offered to all women pregnant at any time from October to April. The vaccine can be given at any stage of pregnancy. Encourage patients to receive the vaccine as early in pregnancy as they can. For more information on influenza vaccination please visit the [HSE website on flu and flu vaccines](#).
- The HPSC provides [full guidance on the management of pregnant and postpartum women with suspected influenza](#).
- For guidance on influenza treatment for non-pregnant women, please visit the [HPSC guidance on the use of antivirals for the treatment and prophylaxis of influenza](#)

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Treatment

INFLUENZA IN PREGNANCY TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice option			
Oseltamivir	75 mg every 12 hours	5 days	Can be taken during any trimester of pregnancy. Dose reduction required in renal impairment (eGFR <60 mL/min/1.73 m ² or CrCl ,60 mL/min) If patient weighs 40 kg or less, consider a lower dose of 60 mg every 12 hours (i.e.>23-40 kg dose for those aged >1-12 years)

- Post-exposure antiviral chemoprophylaxis can be considered for certain pregnant women and women who are up to two weeks postpartum (including following pregnancy loss) who have had close contact with someone likely to have been infectious with influenza and who
 - cannot receive an influenza vaccination due to a contraindication or because vaccine is not available, or
 - have severe immune deficiencies or other medical conditions that make them unlikely to respond to influenza vaccination
- Clinical judgement should be exercised in individual cases to determine if the benefit of receiving chemoprophylaxis outweighs the risk.
- Previous influenza vaccination does not preclude the use of post exposure prophylaxis.

INFLUENZA IN PREGNANCY POST-EXPOSURE CHEMOPROPHYLAXIS TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice option			
Oseltamivir	75 mg every 24 hours	10 days	Can be taken during any trimester of pregnancy. Dose reduction required in renal impairment (eGFR <60 mL/min/1.73 m ² or CrCl ,60 mL/min) If patient weighs 40 kg or less, consider a lower dose of 60 mg every 24 hours (i.e.>23-40 kg dose for those aged >1-12 years)

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Patient Information

- <https://www2.hse.ie/conditions/flu/pregnancy-flu-vaccine/>
- <https://www2.hse.ie/conditions/flu/symptoms-diagnosis/>
- An information sheet on '*Antibiotics and breastfeeding*' is available from the [Breastfeeding Network UK](#)
- Further information on Antibiotics and Breast-feeding can be found on the [Mother to Baby website](#) (USA) (Search or Use Browse by Medications category).
- [HSE My Child](#) is a useful resource for breastfeeding support and general guidance.