



Arkansas Department of Health

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Governor Mike Beebe

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CONFERENCE CALL IN INFORMATION:

We are hearing about an increased number of pregnant women that are ill with influenza that have required ICU and ventilator support. Because of this, I want to remind you about the CDC recommendations. Also, because of the increase in illness in this population Dr. Curtis Lowery (and others, including ADH) will be holding **videoconferences** 3 times next week. I encourage all of you to try to attend one of these conferences and ask questions. This will include **interactive discussions** about ill patients in the delivery room, newborns, and treatment in your private offices. The dates include: **Monday**, September 28th, 8:30am – 9:30am; **Thursday**, October 1, 7:00am – 8:00 and **Friday**, October 2nd, 8:00am – 9:00am. **To register, please call (501) 686-8666 or email CDHVideoConfScheduling@uams.edu**. For ADH folks, our call in room will be **71660** at any ADH unit or any Hospital unit.

Pregnant Women and Novel Influenza A (H1N1) Virus: Considerations for Clinicians

Adverse pregnancy outcomes have been reported following previous influenza pandemics, with increased rates of spontaneous abortion and preterm birth reported, especially among women with pneumonia. Informing pregnant women of signs and symptoms of influenza and the need for early treatment after onset of symptoms onset of influenza. In a recent series of pregnant women with 2009 H1N1 influenza, manifestations included fever (97%), cough (94%) rhinorrhea (59%), sore throat (50%), headache (47%), shortness of breath (41%), myalgia (35%), vomiting (18%), diarrhea (12%) and conjunctivitis (9%), similar to those in the general population. Individuals may be infected with influenza, including 2009 H1N1, and have respiratory symptoms without fever. Many pregnant women will go on to have a typical course of uncomplicated influenza. However, for some pregnant women, illness might progress rapidly, and might be complicated by secondary bacterial infections including pneumonia. Fetal distress associated with severe maternal illness can occur. Case reports of adverse pregnancy outcomes and maternal deaths have been associated with severe illness.

Early treatment with influenza antiviral medications is recommended for pregnant women with suspected influenza illness. Even if a quick test is performed and is negative, if the patient has flu symptoms, treat. The currently circulating novel influenza A (H1N1) virus is sensitive to the neuraminidase inhibitor antiviral medications zanamivir (Relenza®) and oseltamivir (Tamiflu®), but is resistant to the adamantane antiviral medications, amantadine (Symmetrel®) and rimantadine (Flumadine®). Oseltamivir is given orally and results in systemic absorption; by

contrast, zanamivir is given by inhalation and results in lower systemic absorption. Oseltamivir and zanamivir treatment and chemoprophylaxis regimens recommended for pregnant women are the same as those recommended for adults who have seasonal influenza. Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Pregnant women appear to be at higher risk for severe complications from novel influenza A (H1N1) virus infection, and the benefits of treatment or chemoprophylaxis with oseltamivir or zanamivir outweigh the theoretical risks of antiviral use. Although a few adverse effects have been reported in pregnant women who took these medications, no relation between the use of these medications and those adverse events has been established.

Because of its systemic activity, the drug of choice for treatment of pregnant women is oseltamivir. Recommended duration of treatment is five days. Treatment should not be delayed while waiting for the results of viral testing. As is recommended for other persons who are treated, antiviral treatment should be initiated as soon as possible after the onset of influenza symptoms, with benefits expected to be greatest if started within 48 hours of onset, based on data from studies of seasonal influenza. However, data from studies on seasonal influenza indicate benefit for hospitalized patients even if treatment is started more than 48 hours after onset. Thus, antiviral medications are recommended for high risk persons, including pregnant women, presenting for care more than 48 hours after illness onset, particularly for those who require hospitalization.

Post exposure antiviral chemoprophylaxis can be considered for pregnant women who are close contacts of persons with suspected or laboratory confirmed novel influenza A (H1N1) virus infection. The drug of choice for prophylaxis is probably zanamivir because of its limited systemic absorption. However, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems. For these women, oseltamivir is a reasonable alternative. Recommended duration of chemoprophylaxis is for 10 days after the last known exposure to novel influenza A (H1N1). In situations where multiple exposures are likely to occur, such as within families, the total length of chemoprophylaxis for a pregnant woman may depend on clinical considerations. Close monitoring for influenza like illness in exposed pregnant women is recommended. Pregnant women given post-exposure chemoprophylaxis should be informed that the chemoprophylaxis lowers but does not eliminate the risk of influenza and that protection stops when the medication course is stopped. Those receiving chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness that might indicate influenza.

Don't forget that if a pregnant woman is on prophylaxis and develops symptoms, the dosage should be increased to twice a day instead of once a day.

Since rapid access to antiviral medications is essential, health care providers who care for pregnant women should develop methods to ensure that treatment can be started quickly after symptom onset. Actions that will support early treatment initiation include:

- Informing pregnant women of signs and symptoms of influenza and the need for early treatment after onset of symptoms onset of influenza.

- Ensuring rapid access to telephone consultation and clinical evaluation for pregnant women
- Consider empiric treatment of pregnant women based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated

H1N1 Vaccine Provider Pre-Registration Sign-Up Go to:

<https://health.arkansas.gov/ADHInternetApps/> Put in the Generic User Email address: users@h1n1providers.com ; use Password (case sensitive): H1N1Vaccine

*Everyone must use this email address and password to access the form-Please do not attempt to personalize.

Click on the left side of the page “H1N1 Provider Info Form” and that will take you to the preregistration pages to complete. Click *save* at the bottom when complete. If a required field is missing, the page will take you back to the required field.

The Arkansas Dept of Health will be upgrading the software used for the Health Alert Network (HAN). Use of this new system will begin on October 1, 2009. To ensure you continue to receive Dr. Snow’s weekly letter and other important health information you must logon to <https://health.arkansas.gov/codespearreg>, click on “new user information” and fill in the blanks. You are required to have an email address. This email address becomes your logon ID. Please click on the web address and sign up. We will not be sending faxes after October 1.

Thank you for your assistance in helping us increase our capacity to keep you informed of important public health information in Arkansas.

If e-mail is not available, please notify Ms Deborah Biddle at Deborah.biddle@arkansas.gov.

If you have any questions please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to Sandra.snow@arkansas.gov.