



Communicable Disease and Epidemiology News

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Laurie K. Stewart, MS, Editor (laurie.stewart@kingcounty.gov)

Return Services Requested

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- **National Survey Findings: “Pregnancy, the Flu Shot and You”**
- **Influenza Vaccination Findings From Behavioral Risk Factor Survey System**
- **Influenza Update**

National Survey Findings: “Pregnancy, the Flu Shot and You”

According to a new study commissioned by the National Women's Health Resource Center, a significant proportion of women are misinformed or unaware that influenza poses a greater health risk to pregnant women. Here are some highlights from the survey of 528 women across the United States:

- 60 percent of women were unaware or uncertain about flu shot recommendations for pregnant women
- 60 percent of women receiving prenatal care or general healthcare said they had never discussed with their provider getting a flu shot while pregnant.
- Only 20 percent of currently pregnant women said they have gotten or plan to get a flu shot during the coming flu season. Fifty-six percent of women said they are *not planning to get a flu shot* during pregnancy, and 24 percent are unsure.

Health Care Providers' Recommendation Can Make—or Break—a Woman's Decision

- Many women (27 percent) who got a flu shot while pregnant said the most important reason they did so was that their health care provider (HCP) recommended it. Protecting the health of their unborn baby was the second-most important reason (25 percent), while protecting their own health was third (14 percent).
- Twenty-three percent of women who did not get a flu shot said their HCP did *not* recommend it.
- Among women who did not get a flu shot while pregnant and who were not encouraged to do so, *72% say they would be likely to get one if a doctor or other HCP recommended it to them.*

Doubts and Misperceptions Persist About Vaccine Safety

- Over half of women think it is safe for a pregnant woman to get a flu shot, but just 18 percent believe it is safe at any stage of pregnancy. Ten percent think it is never safe to get a flu shot while pregnant, and nearly 39

percent are not sure.

- Nearly half of women (48 percent) said they are concerned about the level of thimerosal in flu shots. Fewer than one in five (19 percent) are aware there is a flu shot available that does not contain this preservative.
- Among women who were not vaccinated while pregnant, nearly half (49 percent) said they would be likely to get a flu shot if a thimerosal-free option were made available to them.
REMINDER: In Washington, pregnant women must receive thimerosal-free flu vaccine.

Why Is This Important?

The Advisory Committee on Immunization Practices (ACIP) recommends influenza vaccination for women who will be pregnant during influenza season. According to the American Academy of Obstetricians and Gynecologists (ACOG) flu vaccination should be a routine part of prenatal care. Vaccination can occur during any trimester. Case reports and limited studies suggest that pregnant women may be at increased risk for serious medical complications of influenza as a result of increases in heart rate, stroke volume and oxygen consumption; decreases in lung capacity; and changes in immunologic function. A recent study found that the risk of hospitalization for influenza-related complications was more than four times higher for women in the second or third trimester of pregnancy than for non-pregnant women. The risk of complications for these pregnant women was comparable to that for non-pregnant women with high-risk medical conditions, for whom influenza vaccine has been traditionally recommended. Read the full report at: www.healthywomen.org/newsroom/pregnancytheflushortandyounationalsurveyfindings.

Influenza Vaccination From the Behavioral Risk Factor Survey System

Adults age 18 to 49 years of age who have a high risk of serious complication from influenza (such as individuals with diabetes mellitus, asthma, coronary heart disease, or history of myocardial infarction) are recommended to receive an annual influenza

immunization. According to data from the **2007 Behavioral Risk Factor Surveillance System (BRFSS)**, the largest continuously-conducted telephone health survey in the world, this group is woefully under-immunized.

Among King County adults aged 65 years and older who participated in the 2007 BRFSS survey, 72 percent had received the influenza vaccine within the past 12 months. In contrast to the 65 years and older group, **only 33.6 percent of high risk adults 18-49 in Washington State had been immunized for influenza in the previous 12 months.** The national average for flu vaccination in this group is 35 percent. County, state, and national rates fall short of the Healthy People 2010 goal of 90 percent coverage. Providers are encouraged to assess adult patients' risk status and to protect your high risk adult population by vaccinating annually against influenza.

Influenza Update

The Centers for Disease Control and Prevention (CDC) has reported that as of December 27th, 72 of 73 influenza A (H1N1) viruses tested were resistant to oseltamivir, and all were susceptible to zanamivir, amantadine and rimantadine. Influenza A (H3N2) and B viruses remain susceptible to oseltamivir. The adamantines, amantadine and rimantidine are not active against influenza B and in recent years almost all influenza A (H3N2) viruses have also been resistant to adamantines. The proportion of influenza A (H1N1) viruses among all influenza A and B viruses that will circulate during the 2008-09 season cannot be predicted, and will likely vary over the course of the season and geographically.

The increased resistance of influenza A isolates to antiviral medications highlights the importance of continuing to vaccinate patients throughout the flu season to protect as many individuals from influenza infection and its complications as possible. Interestingly, the only

oseltamivir-susceptible influenza A (H1N1) isolate identified by CDC so far this season is from King County. The isolate is sensitive to zanamivir and is resistant to the adamantanes.

Local influenza surveillance data and links to CDC and state and national data are available at:

www.kingcounty.gov/healthservices/health/communicable/diseases.aspx

Public Health's recent advisory on treatment of influenza is available at:

www.kingcounty.gov/healthservices/health/communicable/providers.aspx

The complete interim guidance from CDC on influenza drug treatment available at:

www.cdc.gov/flu/professionals/antivirals/index.htm

Disease Reporting

AIDS/HIV(206) 296-4645
 STDs(206) 744-3954
 TB(206) 744-4579
 All Other Notifiable Communicable Diseases (24 hours a day) (206) 296-4774
 Automated reporting line for conditions not immediately notifiable(206) 296-4782

Hotlines

Communicable Disease(206) 296-4949
 HIV/STD(206) 205-STD5

Please Note Our New Website Addresses:

Public Health main page:
www.kingcounty.gov/health
 Communicable Disease Epidemiology & Immunization Section main page:
www.kingcounty.gov/health/cd

Reported Cases of Selected Diseases, Seattle & King County 2008				
	Cases Reported In November		Cases Reported Through November	
	2008	2007	2008	2007
Campylobacteriosis	12	30	277	239
Cryptosporidiosis	1	3	35	41
Chlamydial infections	382	591	5,433	5,261
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	3	6
<i>E. coli</i> O157: H7	3	1	43	37
Giardiasis	9	12	106	138
Gonorrhea	73	111	1,198	1,324
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	2	2
Hepatitis A	0	1	16	17
Hepatitis B (acute)	2	0	30	21
Hepatitis B (chronic)	66	77	825	759
Hepatitis C (acute)	2	1	11	6
Hepatitis C (chronic, confirmed/probable)	104	116	1351	1277
Hepatitis C (chronic, possible)	29	26	326	272
Herpes, genital (primary)	38	42	480	573
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	20	32	293	360
Measles	0	0	0	1
Meningococcal Disease	0	0	5	4
Mumps	0	0	1	7
Pertussis	7	19	71	88
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	22	14	246	228
Shigellosis	2	1	41	48
Syphilis	17	24	192	154
Syphilis, congenital	0	0	0	0
Syphilis, late	9	6	79	67
Tuberculosis	14	7	102	133

The *Epi-Log* is available in alternate formats upon request.