STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47890 • Olympia, Washington 98504-7890
Tel: (360) 236-4501 • FAX: (360) 586-7424 • TDD Relay Service: 1-800-833-6388

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Dear Colleague:

Many of you recently received a letter from Dr. Gerald Joseph of the American College of Obstetrics and Gynecology. As the Washington State health officer, I also want to draw your attention to the mounting concern about the 2009 H1N1 influenza virus and ask for your help.

Pregnant women with influenza are at high risk for severe complications. During April and May of this year, they were four times more likely to be hospitalized with H1N1 influenza than the general population. Of 45 H1N1 related deaths reported to the Centers for Disease Control and Prevention (CDC) from April through mid-June, six (13 percent) were in pregnant women; none received antiviral medications within 120 hours of illness onset. In Washington State, of 14 deaths reported through the end of August 2009, two (14 percent) were in pregnant women.

H1N1 influenza transmission in our communities continued throughout the summer and is expected to greatly increase now that school has started. It is imperative that pregnant women with influenza get treated with antiviral medications and acetaminophen for fever as early as possible. If influenza is suspected, do not wait for test results to start treatment. Sick women should be monitored closely to see if they develop breathing problems or pneumonia.

Vaccination is the most effective preventive measure for your pregnant patients. This fall, during any stage of their pregnancy, women should be advised to get vaccinated for seasonal flu and H1N1. Pregnant women will be at the top of the priority list when a vaccine for H1N1 is available this fall

We need your help to emphasize the safety of immunizations and ease the concerns of pregnant women about being vaccinated or taking antiviral medication during pregnancy. In addition to protecting the mother, the proteins that are made in response to vaccine will cross the placenta and protect an infant who cannot receive vaccine for six months.

As a healthcare provider who works closely with patients, it is likely you will be exposed to seasonal flu and H1N1. I urge you to get vaccinated to protect yourself and your patients.

In addition to vaccinating women, treating pregnant women early in their illness, monitoring them closely, and making a practice plan for influenza season is critical. This should include:

- ☐ Caring for sick patients. Separating sick patients.
- ☐ Educating patients about flu symptoms and when to report.
- ☐ Educating patients about flu prevention and instructing them to avoid contact with those who are sick.
- ☐ Providing coverage for sick staff.
- ☐ Maintaining updated patient contact list.
- ☐ Providing patients with a copy of their medical records in case they need to be seen in an emergency.
- ☐ Developing agreements with other practices to pool resources as necessary.
- ☐ Limiting exposure of pregnant staff to sick patients.
- ☐ Encouraging breastfeeding and providing information on how to protect the infant if the mother is sick.
- ☐ Providing H1N1 vaccinations in your office.

By working together during this unusual flu season, we can assure pregnant women in our state have the information and resources they need to make the best decisions for their health. I urge you to stay informed about the 2009 H1N1 influenza virus by frequently checking the Web sites listed below.

CDC: http://www.cdc.gov/h1n1flu/clinician_pregnant.htm and
http://www.cdc.gov/h1n1flu/guidance/obstetric.htm

Washington State Department of Health: www.doh.wa.gov/swineflu/

Now is the time for you to begin working with your staff, local hospitals, and health care coalitions to have systems in place for pregnant women and newborns. Thank you for joining me in this effort to protect the health and well-being of Washington families.

Sincerely,

Maxine Hayes, MD, MPH
State Health Officer