**2017-18 Flu Season**

According to the FluView report for the week ending November 4, 2017, flu activity remained low overall in the United States, but is increasing. However, six states and Guam reported regional flu activity and 13 states reported local influenza activity.

The best way to protect yourself and your patients, especially pregnant women and their infants during the flu season, is vaccination. Influenza vaccination is recommended also for people who have already had the flu, to provide protection against other circulating strains as the influenza epidemic progresses. To track flu activity in your area, see the Centers for Disease Control and Prevention’s weekly flu report.

**Monitoring the Safety of Influenza Vaccination during Pregnancy**

In order to monitor the safety of influenza vaccination during pregnancy, influenza vaccine manufacturers have developed pregnancy registries. ACOG encourages providers who administer the flu vaccine to pregnant patients to participate in these registries. Please see the below links for information about each manufacturer’s pregnancy registry.*

- Seqirus
- GlaxoSmithKline
- Sanofi Pasteur

*ACOG does not preferentially recommend one brand of flu vaccine over another.

For more information about flu vaccine safety, visit ACOG's webpage Influenza Vaccine Recommendations and Safety Information and Centers for Disease Control and Prevention webpage Influenza Vaccine Safety.

**Tdap Vaccination Coverage During Pregnancy - Selected Sites, United States, 2006-2015**

View the Centers for Disease Control and Prevention’s (CDC) Morbidity and Mortality Weekly Report (MMWR) for the full report on Tdap Vaccination Coverage During Pregnancy.

Tdap vaccination coverage has increased in recent years and approximately half of pregnant women in this study who had a live birth in 2015 received Tdap. Among mothers of control infants participating in the Birth Defects Study of the Slone Epidemiology Center, Tdap vaccination coverage increased from <1 percent before 2010 to 28 percent in 2013, and reached 53 percent in 2015. Overall, 96 percent of Tdap vaccinations received by pregnant women in this study were administered in physicians’ offices or clinics.

Despite this encouraging increase in rates, coverage for pregnant women remains far below the recommendation that every woman be vaccinated during each pregnancy. Increasing vaccination coverage during pregnancy could help reduce the impact of pertussis on infant morbidity and mortality.

**ACOG’s Immunization Applet**

Download the ACOG app and stay connected with authoritative information from the leading experts in women’s health care. The immunization applet is part of the ACOG app and is a trusted and interactive resource on immunization best practices. The app includes an interactive “By Profile” feature in which recommended immunizations are generated based on the information providers enter about their patient’s age and conditions.

**ACOG Tdap Immunization Toolkit**

Visit ACOG’s Immunization for Women website to access ACOG’s Tdap Immunization Toolkit, which includes:

- Committee Opinion #718, Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination
- FAQ’s for Pregnant Women Concerning Tdap Vaccination
ACOG Influenza Vaccination during Pregnancy Toolkit

Visit ACOG’s Immunization for Women website to access ACOG’s Influenza Immunization During Pregnancy Toolkit, which includes:

- FAQ’s for Patients Concerning Influenza (Flu) Vaccination During Pregnancy
- FAQ’s for Patients Concerning Vaccine Safety
- FAQ’s Concerning Seasonal Influenza for Ob-Gyn
- Flu Vaccine Information Statement
- ACOG’s Influenza Season Assessment and Treatment for Pregnant Women with Influenza-Like Illness

Zika Virus Update

NEW! ACOG and the Society for Maternal-Fetal Medicine recently revised sections of their Practice Advisory on Zika Virus. Critical updates are below:

- Previously, the Centers for Disease Control and Prevention (CDC) recommended serial ultrasounds every three to four weeks for women with laboratory evidence of Zika virus infection based on existing fetal growth monitoring for other maternal conditions (e.g., hypertension or diabetes). However, there are no data specific to congenital Zika virus infection to guide recommendations for timing of serial ultrasounds; ob-gyns and other obstetric providers may consider extending the time interval between ultrasounds in accordance with patient preferences and clinical judgement.
- If maternal testing does not suggest infection, patients should receive the same ultrasound screening as any other pregnant woman as part of standard routine prenatal care.
- Zika virus RNA has been detected in amniotic fluid specimens; however, serial amniocenteses have demonstrated that Zika virus RNA may only be present transiently. Therefore, a negative test result on amniotic fluid cannot rule out congenital Zika virus infection.
- For the detection of abnormalities associated with congenital Zika virus infection, the sensitivity, specificity, and positive and negative predictive value of ultrasound is unknown. There are no data specific to congenital Zika virus infection to guide ultrasound timing; recommendations to timing can be individualized.
- It is important that pediatric health care providers inquire about possible maternal and congenital Zika virus exposure for every newborn. This is now a component of the CDC pediatric algorithm that guides infant diagnosis, evaluation and management for Zika.

Regardless of location, providers should evaluate all pregnant women in the United States for possible Zika virus exposure during each prenatal care visit. This evaluation should include an assessment of signs and symptoms of Zika virus disease, a travel history and a woman’s sexual partner’s potential exposure.


Access ACOG’s Zika Toolkit online! The toolkit includes ACOG’s Patient Education Zika virus infographic [also available in Spanish] and video [also available in Spanish] and additional links for ob-gyns.

Visit ACOG’s Zika Virus webpage for up-to-date information and resources.

Are your patients traveling to visit friends or family in areas with Zika?

Remind them to protect themselves and loved ones from mosquito bites and sexual transmission of Zika. Refer them to CDC’s Zika Travel Information page to learn what they need to know before, during and after their travel.