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## Flu Vaccination During Pregnancy: Challenging Common Assumptions

### Announcer:

You're listening to *Clinician's Roundtable* on ReachMD, and this episode is sponsored by CSL Seqirus. Here's your host, Dr. Doghramji.

### Dr. Doghramji:

Welcome to *Clinician's Roundtable* on ReachMD. I'm Dr. Paul Doghramji. And joining me to address common assumptions about flu vaccination during pregnancy is Dr. Jason Goldman, who's a primary care physician and the former Governor of the Florida Chapter of the American College of Physicians, and current Regent of the College and Liaison to the Advisory Committee of Immunization Practices at the CDC. Dr. Goldman, thank you for being here today.

### Dr. Goldman:

My pleasure.

### Dr. Doghramji:

So, to start off our discussion, Dr. Goldman, what are some of the most common misconceptions about the influenza vaccine during pregnancy?

### Dr. Goldman:

Well, I'm glad you asked. It's a really important topic because so many patients need to be vaccinated, and they're not. The biggest concerns patients have is if it's going to cause miscarriages, if it's going to cause birth defects, if it's going to interfere with the pregnancy, and if it's safe. Of course, this vaccine is extremely safe in pregnancy. It's recommended for all pregnant women, as long as it's not the live vaccine. But all the other flu vaccines are recommended. It doesn't cause miscarriages, it doesn't cause birth defects, and actually is extremely beneficial to the developing fetus and birth to protect from influenza infection.

### Dr. Doghramji:

As a quick follow-up to that, how can we help address these misconceptions?

### Dr. Goldman:

That's an excellent question. It's really challenging, but it involves outreach by all physicians. Every time a patient comes into the office, we should be addressing vaccines, we should be educating our patients, talking to them, explaining to them what the issues are and why it's so important. Many people don't realize that if you're pregnant and you get an infection with influenza, you can get quite ill, end up in the ICU, the hospital, or even unfortunately, die from the infection. So, it's really incumbent upon us as physicians to explain the differences between the flu versus other infections and why it's so important to be vaccinated. It comes down to talking to the patients and constantly reminding them of what the issues are.

### Dr. Doghramji:

Now, if we take a look at the guidelines, what do the Centers for Disease Control and Prevention, and its Advisory Committee on Immunization Practices recommend for this patient population?

### Dr. Goldman:

That's an excellent question. And the CDC recommends the flu vaccine for everyone. Everyone needs to be vaccinated against the flu. Specifically for pregnant patients, they absolutely need to be vaccinated. Of course, not with a live vaccine. Live vaccines, we don't really give in pregnancy, but all the other vaccines, adjuvant, recombinant, etcetera, are safe and effective in pregnancy. So, it's

recommended at any trimester for pregnant patients to be vaccinated.

Additionally, the best months are September and October to get vaccinated for influenza, but you can do it at any point after that. If they haven't received it then, it's not just September and October. But that's the ideal time to start and you want to get the patients vaccinated as quickly as possible.

In addition, it is so beneficial for them to be vaccinated in pregnancy because it can confer immunity to the unborn fetus, especially after birth for those six months when they can't be vaccinated. And of course, breastfeeding can help with transmission of antibodies. So not only is it important for them to be vaccinated in any trimester, it also creates a circle of protection. It helps prevent severe illness, hospitalization, and death, and is absolutely acceptable, encouraged, and important for this population, especially pregnant women, to be vaccinated.

We know that women who are pregnant and get infected with influenza have a much higher chance of hospitalization, ICU care, and even death. So, the best prevention is the vaccine. And if we can get everyone vaccinated, we can cut down on hospitalization rates and death rates. So, all pregnant patients need to be vaccinated at any point, any trimester, during flu season, ideally September or October to start the influenza vaccine.

**Dr. Doghramji:**

For those just tuning in, you're listening to *Clinicians Roundtable* on ReachMD. I'm Dr. Paul Doghramji, and I'm speaking with Dr. Jason Goldman about flu vaccination during pregnancy.

With these misconceptions and recommendations in mind, Dr. Goldman, how important is it for pregnant patients to receive the influenza vaccine?

**Dr. Goldman:**

It is of critical importance that pregnant patients receive the flu vaccine. What we know is that if a patient is pregnant and they get infected with influenza, they have a higher risk of ICU admission, hospitalization, or even death. So, they are not only putting themselves at risk, but their unborn child at risk if they are unvaccinated. Because the flu is not a common cold. And that's a common misconception I hear from patients because they come in and say, 'Oh, it's just the flu. It's not a big deal. I just have a cold.' Those are two different things. A cold is a rhinovirus usually, can cause runny nose, sore throat. It's not a systemic virus that can lead to a severe pneumonia, hospitalization, and death. Pregnant patients as well as cardiac, diabetic, lung patients are more at risk. So, if a pregnant woman gets infected, they are at a higher risk of bad outcome and that could also lead to a higher risk to the fetus. So, getting vaccinated is the most important way to prevent these bad outcomes. So, every pregnant patient, in fact, every person should be vaccinated for influenza, because not only will it help protect you, but it will also create a circle of protection for other people. And most important, for the unborn child, it will help protect them. Because as we know, many infants cannot get vaccines for the first six months until their immune system is able to handle it. So it is possible that by the woman getting the influenza vaccine, they are conferring immunity to the unborn child and giving them that protection shortly after birth, especially if they breastfeed as well. So, it is so important that pregnant patients get vaccinated.

**Dr. Doghramji:**

So then what strategies can we use to counsel our pregnant patients?

**Dr. Goldman:**

You know, I always struggle with that, because I have a lot of patients who come in with a lot of misconceptions for all vaccines. And it really takes the time and effort to sit with the patient and find out what their concerns are. Usually when I talk to patients about vaccines, I start with the tetanus vaccine, because that's something they can really understand, 'I could get cut, I could get an injury, I need a tetanus vaccine.' And that's a good segue into explaining to them how vaccines prevent disease from accidents and other things that can happen.

But when a patient is very vaccine hesitant, I really tried to sit with them and say, 'Please help me help you by explaining to me what your concerns are. And let's address them,' whether it's fear of infection, whether it's fear of side effects or outcome, or just not understanding how the vaccine is developed. So, it's really important to get to the root of why the patient doesn't want to be vaccinated. And sometimes it's a simple misconception that they don't realize how the vaccine was created, and it's safe, or they don't realize the severity of the illness we're trying to prevent.

You know, I've had many patients confuse a pneumonia from flu from COVID from other infections, and they're not all the same. Each vaccine prevents a very specific disease. So, it really involves us taking the time and talking to them and getting to the root of what their hesitancy is.

**Dr. Doghramji:**

Now, before we close, Dr. Goldman, do you have any key takeaways you'd like to share with our audience?

**Dr. Goldman:**

Absolutely. It comes down to very simply understanding our patients, talking to them, communicating with them, and educating them on the issues. You know, you want to start with what the disease is, what we're trying to prevent, why it's so important, and then how we present and prevent the disease, as well as how the vaccines are safe and effective. But really, it's incumbent upon all the physicians to really take the time and effort to talk to the patients but also to vaccinate.

You know, I have a full vaccine program in my office, many physicians don't. So, I think it's really important that the physicians also step up into it as well and offer those vaccines to the patient. Because studies show that majority of patients want to be vaccinated at their physician's office. They understand that the physicians have the knowledge and the ability and the trust their physicians. So, it's a two-way street. The physicians need to be offering the vaccine and counseling the patients. The patients have to be willing to accept it. And somewhere in the middle, I think we can overcome the vaccine hesitancy for the safety of the patients in our population.

**Dr. Doghramji:**

Well, with those final thoughts in mind, I want to thank my guest, Dr. Jason Goldman, for joining me to discuss how we can increase influenza vaccination rates among our pregnant patients. Dr. Goldman, it was great having you on the program.

**Dr. Goldman:**

Thank you so much.

**Announcer:**

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