



IMMUNIZATION *for* WOMEN

Immunization Information for Ob-Gyns and Their Patients

December Immunization Newsletter

Special NIVW Edition

National Influenza Vaccination Week

The **2018 National Influenza Vaccination Week (NIVW)**, observed **December 2–8**, focuses on highlighting the importance of continuing flu vaccination through the holiday season and beyond.

Flu vaccination coverage estimates from past seasons have shown that few people get vaccinated against influenza after the end of November. Flu viruses are still spreading and causing illness, so vaccination should continue throughout flu season to protect as many people as possible against flu. Bottom line: It's not too late to get vaccinated!



Are You Ready to Fight Flu This Season?

2017–18 was a high-severity flu season with record-breaking levels of influenza illness, hospitalization rates, and reported pediatric deaths. The best protection against flu is getting a flu vaccine.

While the timing of flu season is unpredictable, seasonal flu activity often begins to increase in October and most commonly peaks between December and February, though it can last as late as May. ACOG and the CDC strongly recommend all persons six months of age and older receive an annual flu shot. It is particularly important for pregnant women to be vaccinated, as they are at increased risk of severe illness related to influenza. It takes about two weeks after vaccination for antibodies to develop in the body to protect against flu virus infection.

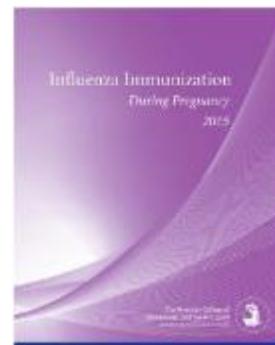


Fight flu this season by getting your flu vaccine and encourage your staff, patients, and their loved ones to do the same. Join the conversation on social media and use **#FightFlu**.

ACOG's Influenza Resources

The inactivated influenza vaccine can be given to all pregnant women during any trimester. ACOG's [Influenza Immunization During Pregnancy Tool Kit](#) includes the following resources to assist you this flu season.

- [Committee Opinion 732: Influenza Vaccination During Pregnancy](#)
- [Frequently Asked Questions for Patients Concerning Influenza \(Flu\) Vaccination During Pregnancy](#)
- [Frequently Asked Questions for Patients Concerning Vaccine Safety](#)
- [Frequently Asked Questions Concerning Seasonal Influenza for Ob-Gyns](#)



Making a Strong Flu Vaccine Recommendation

As a health care provider, your strong recommendation is a critical factor that affects whether your patients get an influenza vaccine. ACOG and CDC suggest using the **SHARE method** to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations.

- **Share** the reasons why the influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors
- **Highlight** positive experiences with influenza vaccines (personal or in your practice) as appropriate to reinforce the benefits and strengthen confidence in influenza vaccination
- **Address** patient questions and any concerns about the influenza vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language
- **Remind** patients that influenza vaccines protect them and their loved ones from serious influenza illness and influenza-related complications
- **Explain** the potential costs of getting influenza, including serious health effects, time lost (such as missing work or family obligations), and financial costs

ACOG's [webinar](#) Don't Wait, Vaccinate! Tips and Resources for Communicating With Adult Patients About Vaccination can help you make a strong flu recommendation.

ACOG Responds to FDA's Approval of 9-valent HPV Vaccine for Use in Women and Men Aged 27–45

ACOG has issued a [Practice Advisory](#) in response to the FDA's approval of 9-valent HPV vaccine for use in women and men aged 27–45.

On October 5, 2018, the FDA approved the use of the 9-valent HPV Vaccine in women and men aged 27–45. The CDC's Advisory Committee on Immunization Practices is reviewing the available data, and ACOG is working closely with the CDC to determine if changes in clinical guidance and recommendations are appropriate.

In the meantime, members are advised that [Committee Opinion 704: Human Papillomavirus Vaccination](#) remains in effect. In patients aged 27–45, their decision to be vaccinated should be individually based using shared decision making and clinical judgement based on those patients' circumstances, preferences, and concerns.

For additional resources on HPV vaccination, please see ACOG's [HPV resource overview](#).