Updates on the 2019 Novel Coronavirus (COVID-19)

An outbreak of a 2019 novel coronavirus (COVID-19) in Wuhan City, Hubei Province, China, has been developing since December 2019. ACOG is monitoring this situation closely with the CDC and is recommending that physicians familiarize themselves with and refer to CDC recommendations.

The CDC recently published an interim guidance for health care facilities providing obstetric care for pregnant patients with confirmed coronavirus disease or pregnant persons under investigation in inpatient obstetric health care settings. These considerations are based upon the limited evidence available to date about transmission of the virus that causes COVID-19 and knowledge of other viruses that cause severe respiratory illness, including influenza, severe acute respiratory syndrome coronavirus (SARS-CoV), and Middle East Respiratory Syndrome coronavirus (MERS-CoV). For more information on coronavirus disease and pregnancy, the CDC encourages physicians and other health care professionals to refer to their coronavirus disease FAQs.

The CDC has also developed a website for COVID-19 with guidance for physicians and has elevated the travel warning to level 3, recommending that individuals avoid nonessential travel to China. Physicians and other health care practitioners should remind patients to take preventive actions, such as avoiding close contact with sick people, staying home if you’re sick, and washing your hands often with soap and water for at least 20 seconds.

ACOG will continue to work with the CDC to monitor the situation and provide updates to members as appropriate.

It’s Not Too Late to Vaccinate!

Influenza activity is continuing to increase and is expected to remain elevated for many more weeks. Nationally, B/Victoria Viruses have been predominant this season but recently, a number of A/H1N1pdm09 viruses have been reported as well. According to the CDC’s recent Morbidity and Mortality Weekly Report (MMWR), the overall estimated effectiveness of seasonal influenza vaccine for preventing medically attended, laboratory-confirmed influenza virus infection was 45%.

ACOG recommends that physicians and other health care practitioners continue to strongly recommend and advocate for the influenza vaccine, especially to pregnant patients.

Influenza vaccination is an essential element of prepregnancy, prenatal, and postpartum care because influenza can result in serious illness, including a higher chance of progressing to pneumonia during the antepartum or postpartum period. In addition to hospitalization, pregnant patients are at an increased risk of intensive care unit admission and adverse perinatal and neonatal outcomes.

ACOG and the CDC advise that postexposure antiviral chemoprophylaxis can be considered for pregnant patients and patients who are up to two weeks postpartum who have had close contact with infectious individuals. Importantly, health care physicians should not rely on test results to initiate treatment and should treat patients presumptively based on clinical evaluation.
See ACOG Committee Opinion 753, *Assessment and Treatment of Pregnant Women With Suspected or Confirmed Influenza*, for clinical guidance related to influenza treatment of pregnant women.

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**Use of Tdap Vaccine: Updated Recommendations**

The CDC released the *MMWR Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices—United States, 2019.*

These updated ACIP recommendations allow for either a tetanus and diphtheria toxoids (Td) vaccine or Tdap to be used for the decennial Td booster, tetanus prophylaxis for wound management, and for additional required doses in the catch-up immunization schedule if a person has received at least one Tdap dose.

**The recommendations for routine Tdap immunization during every pregnancy have not changed.** Pregnant patients should receive one dose of Tdap during each pregnancy, irrespective of their history of receiving the vaccine. Tdap should be administered at 27–38 weeks’ gestation, preferably during the earlier part of this period.

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**Final Call for Nominations: 2020 ACOG Immunization Champion Award**

Are you an immunization champion? Do you know one? If so, nominate them to be recognized as one of ACOG’s 2020 Immunization Champions!

ACOG’s *Immunization Champion Award* recognizes members who make a significant contribution toward improving immunization rates in their communities or practices or at the national level through their work in maternal and adult immunization. The winners will receive a $1,500 honorarium and an award to display in their office and will be highlighted in this Immunization Newsletter, which is emailed to all ACOG members. Awardees will also be added to ACOG’s Immunization Champion Honor Roll.

ACOG is accepting nominations until **February 28, 2020**, and will select and notify the winners by **April 1, 2020**.

*Submit your nomination today!*

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**ACOG’s Maternal Immunization Patient Education Tools**

A vaccine recommendation from a health care professional has been shown to be the strongest predictor of vaccine uptake among adults. As a trusted health care physician, you play a crucial role in safeguarding the health of all your patients.

Use these free graphics to assist your practice in communicating with patients outside of the office setting about the importance Tdap and Flu vaccination during pregnancy.
In a recent MMWR, new data reveals that in U.S. territories with widespread local Zika virus transmission, the prevalence of birth defects potentially related to Zika virus infection increased fourfold during January–March 2017 compared with January–March 2016.

During the Zika outbreak, population-based birth defects surveillance programs were adapted to monitor birth defects potentially related to Zika virus infection during pregnancy. Use of population-based birth defects surveillance programs and the U.S. Zika Pregnancy and Infant Registry provide an example of a complementary approach in ascertaining both exposures and outcomes to better monitor new and emerging threats during pregnancy and impact on infants.

See ACOG Committee Opinion 784, Management of Patients in the Context of Zika Virus, for information on clinical recommendations related to the Zika Virus.