

Fact Sheet

This information must not take the place of medical advice, diagnosis or treatment. Always talk to a health care provider before you make any changes to your diet, lifestyle or treatment.

October 26, 2009

H1N1 Vaccine Information for pregnant and breastfeeding women

The majority of people who become ill with the H1N1 flu virus recover without complications or medical treatment, but young children, pregnant women, and those with chronic health conditions (e.g. asthma) are at higher risk of more serious illness from the flu. As an expectant or breastfeeding mother you may have questions about the H1N1 vaccine.

Am I at increased risk of getting the H1N1 flu virus if I am pregnant?

Pregnant women are not more likely to get the H1N1 flu virus. However, if you do get sick with H1N1, especially in your second or third trimester, you are at higher risk of complications. The risk of complications from infection with H1N1 flu increases as pregnancy progresses, especially after 20 weeks of pregnancy. Complications from the H1N1 flu include severe pneumonia and other lung illnesses and could potentially cause the premature birth of your child.

Is there a vaccine to protect against H1N1?

Yes. A new vaccine has been approved to protect against H1N1. **Immunization is considered the safest and most effective way to protect against the H1N1 flu.** You cannot catch the H1N1 flu from the H1N1 flu shot. Vaccines stimulate the production of antibodies which provide protection against the flu virus. It usually takes between 10 and 14 days to become protected after receiving the vaccine.

How effective is the H1N1 flu vaccine?

Studies have shown that more than 95% of individuals who have received the vaccine are protected from H1N1, when tested 21 days after receiving one vaccine dose.

Who should get the H1N1 vaccine?

Vaccinating a pregnant woman protects both the expectant mother and the newborn baby who is too young to be immunized, but who is also at risk of complications from H1N1 infection. Anyone who lives in a household where there is an infant under 6 months of age should also be immunized against H1N1, to help protect the baby.

What vaccines are available for H1N1?

In Canada, two vaccines for H1N1 will be available. One vaccine with adjuvant (or booster) and another vaccine without the adjuvant.

What is an adjuvant?

An adjuvant is a “booster” compound that improves the immune response to the vaccine. Adding an adjuvant to the vaccine allows for a smaller amount of the inactivated flu particles (or antigen) to be used in each dose so that more vaccine is available earlier. The adjuvant also has the potential to provide better protection if the virus changes, once you have been immunized.

What is in the adjuvant?

The adjuvant contains squalene (an oil derived from fish that is also naturally present in the human body), vitamin E, and polysorbate 80 (which helps to ensure the adjuvant and the vaccine particles mix well together). The adjuvant has been studied in 45,000 people without detecting any serious side effects. Polysorbate 80 has been used in Canada for many years in 13 other vaccine products including many common childhood vaccines. A flu vaccine containing a squalene-based adjuvant has been used in Europe since 1997 and has been given to more than 40 million people without any safety concerns.

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What else does the H1N1 vaccine contain?

Because the H1N1 vaccine will only be available in multi-dose vials (one vial will contain 10 doses), both the adjuvanted and un-adjuvanted H1N1 vaccines will contain small quantities of preservative called thimerosal. Thimerosal is added to prevent bacterial contamination of the vaccine, which could lead to serious infections. Large published research studies have shown that thimerosal-containing vaccines are safe to use in both children and pregnant women.

Is the H1N1 vaccine (with adjuvant) considered safe for pregnant women?

All evidence suggests that adjuvanted vaccines are just as safe as unadjuvanted vaccines. However, the adjuvanted H1N1 vaccine has not been specifically tested in pregnant women to date. Canada has ordered unadjuvanted vaccine to offer pregnant women in an effort to reduce possible concerns, not because of any known risk. Outside Canada, many European countries are offering the adjuvanted H1N1 vaccine to pregnant women.

Is the H1N1 vaccine (with adjuvant) considered safe for breastfeeding women?

Yes, the adjuvanted H1N1 vaccine is considered safe and has been approved for use in breastfeeding women. If you have the flu it is recommended you continue to breastfeed and consult your doctor.

Is there a risk if I'm pregnant when H1N1 is circulating and I don't get the vaccine?

Pregnant women, especially after 20 weeks of pregnancy, are at increased risk of severe complications from H1N1. Studies have shown that pregnant women are 4 times more likely than the general public to require admission to hospital, if infected with H1N1 influenza. Severe complications can also include the need for intensive care support and possibly death. In a group of individuals requiring intensive care, pregnant women were at much higher risk of death than non-pregnant women.

I'm pregnant, should I receive the adjuvanted or non-adjuvanted H1N1 vaccine?

Pregnant women should base their decision on which vaccine to receive based on: how far along they are in their pregnancy and whether or not they have any pre-existing health conditions. All pregnant women should discuss which vaccine is most appropriate for themselves, with their healthcare provider

- Pregnant women who have an underlying medical condition (such as heart or lung disease, diabetes, kidney disease) should receive the vaccine with the adjuvant as soon as possible. This is because these women are at highest risk of complications from H1N1.
- Women who are more than 20 weeks into their pregnancy (and those who have delivered within the past four weeks) should also receive the vaccine with the adjuvant. This is because these women are also at higher risk of complications from H1N1.
- Healthy pregnant women who are early in their pregnancy (less than 20 weeks) have about the same risk of H1N1 complications as non-pregnant women. They may wish to wait and receive the non-adjuvanted vaccine when it is available in early to mid November.

What are the side effects of the vaccine?

Common side effects of the vaccine include pain at the injection site, muscle/joint aches, headache and tiredness. Less common side effects include shivering/sweating and swelling at the injection site.

Who should not get the vaccine?

Women who have had a serious reaction to any previous flu vaccine, eggs, or thimerosal should consult with their physician before getting the vaccine.

Where can I get more information?

- Toronto Public Health: toronto.ca/health or 416-338-7600
- TeleHealth Ontario: 1-866-797-0000
- Ontario Ministry of Health and Long-Term Care: health.gov.on.ca
- Public Health Agency of Canada: phac-aspc.gc.ca or 1-800-454-8302
- MOTHERISK: 416-813-6780 or <http://www.motherisk.org/women/contactUs.jsp>