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## Executive summary

Health Council of the Netherlands. Vaccination of pregnant women against seasonal influenza 2010-2011. The Hague: Health Council of the Netherlands, 2010; publication no. 2010/14.

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In 2009, the Health Council and the RIVM/Cib published several advisory reports on vaccination against influenza A/H1N1 in the context of the pandemic in progress at that time. In those reports it was recommended that vaccination should be made available not only to those groups that are normally offered annual vaccination against seasonal influenza, but also to children aged six months to four years and to pregnant women, from the fourth month of pregnancy. The World Health Organisation (WHO) expects influenza A/H1N1 to be the dominant strain of the virus in the northern hemisphere in 2010-2011. A vaccine against the A/H1N1 strain has accordingly been included in the seasonal influenza combination vaccine. This prompted the Minister of Health, Welfare and Sport to ask whether vaccination against influenza should again be made available to pregnant women and children for the 2010-2011 season.

In this advisory report, the National Immunisation Programme Committee provides an overview of the scientific data on influenza A/H1N1 in pregnant women. The international scientific literature indicates that influenza complications resulting in, for example, admission to intensive care or death occur mainly in those pregnant women who, on the basis of an existing medical condition, are in a high risk group for influenza. In the Netherlands, such women fall within the existing target group for vaccination against seasonal influenza. The vaccination of people in this group is certainly regarded as desirable by the Committee.

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Pregnant women who exhibit no medical risk factor do sometimes require hospitalisation in connection with an influenza infection, but rarely require intensive care and are very unlikely to die; indeed, no fatalities have as yet been reported amongst such women in the Netherlands. Estimates suggest that it would require the vaccination of at least 1,500 women in this group to prevent one hospital admission. Any health benefit achievable by vaccination needs to be weighed up against the discomfort, inconvenience and possible side effects of vaccination. Considerable experience exists in the field of vaccination against seasonal influenza, on the basis of which the vaccines may be regarded as very safe, both generally and in the context of pregnancy. Nevertheless, the small disease burden associated with influenza during pregnancy does not, in Committee's view, justify making vaccination generally available to pregnant women who exhibit no medical risk factor.