

### 3 SEASONAL DISEASES

#### Influenza

The number of patients consulting for influenza-like illness (ILI) at Viral Watch sites and sentinel primary healthcare clinics, as well as those admitted with severe acute respiratory illness (SARI) at sentinel hospitals has been increasing steadily. As at 06 April 2014, 65 specimens have been received from Viral Watch sites since 01 January 2014. Influenza A (H1N1)pdm09 was detected in two of these specimens; one of these patients had travelled to Europe, and the other had close contact with visitors from Europe. Influenza A(H3N2) was detected in one patient, a tour guide who had been in contact with travellers from the northern hemisphere. Influenza B was detected in two patients with no documented history of travel. In addition, 19 specimens have been received from a port of entry into South Africa. Influenza A(H1N1)pdm09 was detected in two, and influenza B in six of these patients. All these patients had travelled from the northern hemisphere. For the same period (01 January to 06 April 2014), 394 patients presenting with SARI were admitted at the SARI sentinel sites. Although none of these patients tested positive for influenza, 33% (130/394), 24% (100/394) and 7% (29/394) were positive for respiratory syncytial virus, rhinovirus and adenovirus, respectively.

#### Influenza and pregnancy

Pregnant women are at increased risk of developing severe influenza disease as compared to non-pregnant women. Pregnancy-related changes to the cardiovascular and respiratory systems leading to increased heart rate, oxygen consumption and reduced lung capacity, as well as immunity-related factors predispose the pregnant woman to more severe influenza disease, resulting in increased risk of hospitalisation and severe outcomes. In addition, influenza has implications for the outcome of pregnancy and may lead to spontaneous abortion, preterm birth and foetal distress. Since pregnancy (all stages, including two weeks post-partum), is such an important risk factor for severe influenza disease, influenza vaccination is recommended for all pregnant women. Influenza vaccination during pregnancy has been shown to protect both the pregnant woman

and her unborn child from influenza-associated complications. Because the vaccine is contraindicated in children younger than 6 months of age, vaccinating the pregnant woman is the best option for protecting the young infant. The vaccine has been shown to be safe and efficacious in pregnancy. Although influenza vaccination is the best available option for prevention against influenza-associated complications, prompt administration of antiviral medication to patients admitted with influenza-associated illness is an important adjunct to the control of influenza-associated complications and is recommended. During the 2009 influenza pandemic, antiviral treatment in hospitalised pregnant women was reported to reduce complications. Treatment decisions should be based on clinical presentation and should not be delayed pending laboratory confirmation of influenza. There are no safety data on humans, but animal studies have shown no malformations, maternal toxicity or embryotoxicity and a number of pregnant women have been treated with oseltamivir without any adverse events. Although most benefit from oseltamivir therapy has been reported when started within 48 hours of symptom onset, there is still benefit even if treatment is started thereafter.

To improve the uptake of influenza vaccination in pregnant women, practitioners managing pregnant women are encouraged to discuss influenza vaccination with their patients and to encourage them to get vaccinated for influenza. They should also be advised to seek medical advice early when not feeling well.

**Source:** Centre for Respiratory Diseases and Meningitis, NICD/NHLS