

**Q&A Regarding Responses to Novel Influenza (A/H1N1) Infection for
Pregnant and Breastfeeding Women (For Health Care Providers)**

Q1. Are pregnant women more likely to become seriously ill when infected with novel influenza compared to those who are not pregnant?

A1. For seasonal influenza, it has been reported that the percentage of hospitalization due to cardio-respiratory depression is higher in pregnant women. Complications with secondary infections, such as pneumonia, can cause non-reassuring fetal status. There is not enough data on novel influenza, but it is considered to be similar to seasonal influenza.

Q2. What if a pregnant woman has developed symptoms of high-fever over 38°C and symptoms of acute respiratory disease?

A2. We recommend visiting a hospital which has established high-fever outpatient departments (Please contact a local health center for more information).

Q3. What should be done (for treatment) when confirmed case is a pregnant woman?

A3. In the United States, an administration of anti-influenza-virus drugs (Tamiflu and Relenza) is recommended for pregnant women. The same treatment is recommended also in Japan with informed consent.

Q4. What if a pregnant woman has had close contact with the infected patient?

A4. In the United States, prophylaxis administration of anti-influenza-virus drugs (Tamiflu and Relenza) is recommended. It is also recommended in Japan to administer these drugs as prophylaxis to the pregnant woman after informed consent.

Q5. Wouldn't anti-influenza-virus drugs (Tamiflu and Relenza) cause severe abnormality to a fetus?

A5. The guideline by the Centers for Disease Control and Preventions (CDC) in the US published in 2007 reported that no adverse effect was observed for both pregnant women who received drugs during pregnancy and their infants”

Q6. Are there any differences in dosage and administration period between prophylaxis administration (before the onset of symptoms) and treatment administration (after the onset of symptoms) of anti-influenza-virus drugs (Tamiflu and Relenza)?

A6. The recommendations by the CDC (<http://www.cdc.gov/h1n1flu/recommendations.htm>) are as follows. The same administration dosage is recommended in Japan.

1. Tamiflu

Prophylaxis: 75mg capsule once per day (Total: 75mg)

Treatment: 75mg capsule twice per day (Total: 150mg)

According to “Drugs in Japan 2008”, 5-day administration of the above doses for treatment and 7-10 day administration of the above doses for prophylaxis is recommended.

2. Relenza

Prophylaxis: 10mg inhalation once per day (Total: 10mg)

Treatment: 10mg inhalation twice per day (Total: 20mg)

According to “Drugs in Japan 2008”, 5-day inhalation of the above doses for treatment and 10-day administration of the above doses for prophylaxis is recommended.

Q7. How long does the preventive effect last in case of prophylaxis administration?

A7. According to “Drugs in Japan 2008”, both drugs have a preventive effect only while these drugs are administered successively.

Q8. Does health insurance cover prophylaxis administration?

A8. In principle, prophylaxis administration is considered as out-of-pocket medical expense. However, the self-payment may become municipal expenditure at municipal discretion.

Q9. Would it be possible to breastfeed while taking anti-influenza-virus drugs?

A9. To date, the possibility of novel influenza infection through breast milk has not been reported. In seasonal influenza, infection through breast milk is very rare. When considering administering anti-influenza-virus drugs to breastfeeding women, the potential effects of drugs to infants and benefits of maternal feeding should be taken into account and informed to the patient. According to the recommendations by the CDC, it is possible to breastfeed a baby while taking anti-influenza-virus drugs. At the same time, to minimize the infection risk to a baby, such actions as hand-washing, wearing a mask, etc. are recommended. Isolation of mother from baby has not been advised so far.

19th May, 2009