



Vaccine Medical Update Protection beyond Flu

Issue No. 3 MAY 2024

Affairs of the Month

Hypertension Awareness Month
Health Worker's Day
Safe Motherhood Week

Is influenza vaccination beneficial to those with hypertension?

HCW Alert: Have you completed yours?

Medical Society Accomplishments Celebrating efforts of the Philippine Infectious Diseases Society for Obstetrics and Gynecology

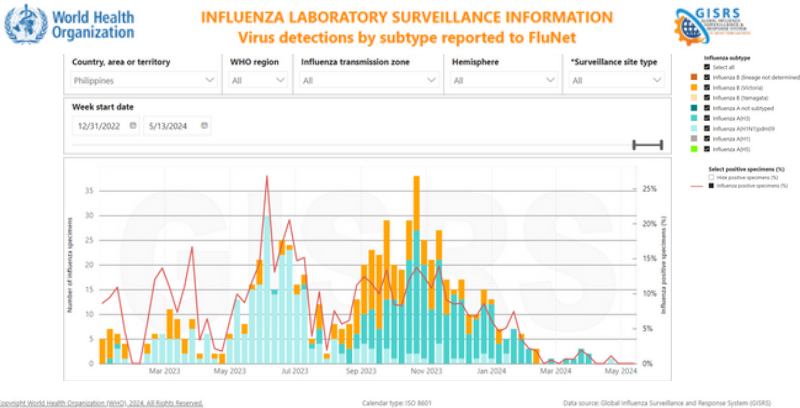
Special Feature:

Read or Watch:

Tune in to our Infectious Disease Expert Opinion on influenza vaccination

AFFAIRS OF THE MONTH:

What is the current flu status in the country?



Based on local surveillance by the months of April and May, there will be a slowing down of influenza cases.² Influenza A and B strains will continue to circulate. For the first quarter, influenza A/H1N1pdm09, influenza A/H3, and influenza B (Victoria lineage) were the most reported.

Reference: 1. WHO Influenza Global Influenza Surveillance and Response System 2. Lucero et al. BMC Infect Dis. 2016 Dec 19;16(1):762. doi: 10.1186/s12879-016-2087-9.

Is influenza vaccination beneficial to those with hypertension?



Influenza infection has been identified as a significant trigger of acute myocardial infarction (AMI) and stroke. A meta-analysis of several smaller randomized clinical trials of high-risk cardiovascular disease patients demonstrated that influenza vaccination significantly reduces the risk of major adverse cardiovascular outcomes. As a result, the American Heart Association recommends influenza vaccination as a secondary preventative measure for patients with coronary artery disease (Class of recommendation: I, level of evidence B).

Given that individuals with hypertension face a substantially increased risk of cardiovascular-related mortality, particularly from stroke or AMI, is it plausible that annual influenza vaccination may lower mortality rates and improve outcomes in hypertension?

A nationwide study encompassing 9 consecutive influenza seasons and >600,000 hypertension patients free from significant cardiovascular disease, as identified through medication use, revealed a *significant association between influenza vaccination and reduced risk of death from all-causes, cardiovascular causes, and AMI or stroke*. The link between vaccination and improved outcomes was most pronounced in elderly patients aged >65 years.

The findings underscore the advantages of influenza vaccination in individuals with hypertension. Our research indicates that the *benefits of vaccination may extend beyond mitigating the likelihood of influenza and respiratory infections to encompass a reduced risk of cardiovascular mortality*.

Reference: D Modin, et al. Journal of the American Heart Association. 2022. <https://doi.org/10.1161/JAHA.121.021715>. Accessed May 17, 2024

Want to know more about the study? [Journal of the American Heart Association](#)



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**Special Feature:
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*Tune in to our Infectious
Disease Expert
Opinion on influenza
vaccination*

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This material is strictly for Healthcare Professionals only.
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32nd Street, Taguig, Metro Manila

AFFAIRS OF THE MONTH:

HCW Alert: Have you completed yours?

In a study by Li et al, they found that *getting the flu vaccine can help healthcare workers in several ways:*

- *It can reduce the risk of getting the flu by 64%.¹*
- *It can lower the number of days healthcare workers miss because of the flu by 37%.¹*
- *It can decrease the total cost for hospitals.¹*

The researchers suggest that to make this intervention cost-effective, it should be offered to different groups like doctors, nurses, and other healthcare workers. To make sure more healthcare workers get vaccinated, they recommend taking actions such as setting national policies and guidelines for flu vaccination, providing financial support, investing in research, creating awareness campaigns, and improving access to vaccination services.

Reference: 1. Li T, et al. A Systematic Review and Meta-Analysis of Seasonal Influenza Vaccination of Health Workers. *Vaccines* (Basel). 2021 Sep 29;9(10):1104. doi: 10.3390/vaccines9101104.

HCWs need protection, have you checked your vaccination card?

WHO recommendations for the vaccination of health care workers

Health Care Workers (HCWs) are defined as all persons involved in patient care such as health care professionals, residents, students, laboratory staff, administrative and service staff, as well as persons in public health such as field workers, epidemiologists, laboratory staff and community health workers.
[Link to Table](#)

Antigen	Vaccination of Health Care Workers Recommended
BCG ¹	BCG vaccination is recommended for unvaccinated TST- or IGRA-negative persons at risk of occupational exposure in low and high TB incidence areas (e.g. health-care workers, laboratory workers, medical students, prison workers, other individuals with occupational exposure).
Hepatitis B ²	Immunization is suggested for groups at risk of acquiring infection who have not been vaccinated previously (for example HCWs who may be exposed to blood and blood products at work).
Polio ³	All HCWs should have completed a full course of primary vaccination against polio.
Diphtheria ⁴	HCWs who may have occupational exposure to <i>C. diphtheriae</i> . All health-care workers should up to date with immunization as recommended in their national immunization schedules.
Measles ⁵	All HCWs should be immune to measles and proof/documentation of immunity or immunization should be required as a condition of enrollment into training and employment.
Rubella ⁶	If rubella vaccine has been introduced into the national programme, all HCWs should be immune to rubella and proof/documentation of immunity or immunization should be required as a condition of enrollment into training and employment.
Meningococcal ⁷	One booster dose 3-5 years after the primary dose may be given to persons considered to be at continued risk of exposure, including HCWs.
Influenza ⁸	HCWs are an important group for influenza vaccination. Annual immunization with a single dose is recommended.
Varicella ⁹	Countries should consider vaccination of potentially susceptible health-care workers (i.e. unvaccinated and with no history of varicella) with 2 doses of varicella vaccine.
Pertussis ¹⁰	HCWs should be prioritized as a group to receive pertussis vaccine.

Reference: WHO Position Paper Immunization of Health Care Workers.



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Special Feature:

Expert Insights:

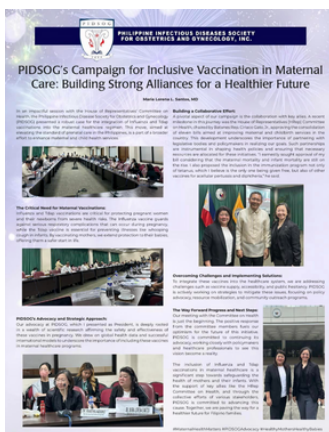
Influenza Exposed: Unmasking the hidden burden and solutions beyond the respiratory illness

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AFFAIRS OF THE MONTH:

Celebrating efforts of Vaccine Champions
Safe Motherhood includes Vaccination

Philippine Infectious Diseases Society for Obstetrics and Gynecology.



PIDSOG is set to transform maternal healthcare by advocating for the integration of influenza and Tdap vaccinations into the maternal healthcare regimen. Their compelling case presented to the House of Representatives aims to elevate the standards of prenatal care in the country.

the society continues to advocate for and reassure the public regarding the safety of vaccinating during pregnancy.

Find out more about their efforts to protect our pregnant patients.

Know the Position Statement of PIDSOG in response to the Pertussis Outbreak

Official Statement on Maternal Immunization and Fetal Protection Against Pertussis Outbreak

In light of the recent pertussis (whooping cough) outbreak affecting various regions in the Philippines, the Philippine Infectious Diseases Society for Obstetrics and Gynecology (PIDSOG) urgently emphasizes the critical importance of maternal immunization as a primary defense in protecting our youngest and most vulnerable population—newborns and infants—from this highly contagious disease.

Pertussis is a respiratory infection characterized by severe coughing spells that can last for weeks, posing significant health risks, particularly to infants who are too young to receive vaccinations. The disease is preventable through vaccination, and one of the most effective strategies to shield infants from pertussis is by immunizing pregnant women.

RECOMMENDATIONS

Maternal Tdap Vaccination Throughout Pregnancy: We strongly recommend that all pregnant women receive the Tdap vaccine to protect against pertussis. While the optimal timing for fetal protection is during the third trimester (27 to 36 weeks) of every pregnancy, pregnant women may also receive the vaccine in the first trimester if they are particularly susceptible or have not been previously vaccinated. This approach not only aims to confer passive immunity to the fetus but also ensures the mother's own protection against pertussis from the earliest stages of pregnancy. Vaccination during the first trimester should be discussed with a healthcare provider to ensure it aligns with individual health needs and circumstances.



PIDSOG Maternal Vaccination Schedule Recommendations

- Influenza vaccination (Flu): administered any time during pregnancy
- Tetanus, Diphtheria, Pertussis vaccine (Tdap): administered during the 3rd trimester of every pregnancy

Reference:
Philippine Infectious Diseases Society for Obstetrics and Gynecology Facebook Page
POGS Immunization for Women Clinical Practice Guidelines 2017

Special Feature: Expert Insights



Dr. Mario Panaligan, FPCP, FACP, FPSMID, FIDSA
Infectious Disease Specialist
St. Luke's Medical Center

This article delves into the concealed weight of influenza, the essential paradigm shift, and the necessary recalibration of approaches in preventing this disease. Despite these challenges, the call to action remains: Your strong recommendation can make a difference.

Reference: Sanofi material in MIMS Education Portal
Links: <https://www.mims.com/specialty/topic/needed-now-or-no-more-review-of-evidence-and-intricacies-of-influenza-vaccination>. Accessed May 22, 2024; <https://www.mims.com/specialty/topic/influenza-exposed-unmasking-the-hidden-burden-and-solutions-beyond-the-respiratory-illness>. Accessed May 22, 2024



Influenza Exposed: Unmasking the Hidden Burden and Solutions Beyond the Respiratory Illness